Lectures
ON
ORTHOPÆDIC SURGERY.

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LECTURE VII.

ON AFFECTIONS OF THE JOINTS.

CONGENITAL DISLOCATIONS and old unreduced dislocations are the subjects of which I propose to treat in this lecture. I have had occasion to point out to you lately two instances of congenital dislocation of the hip. In the child in Princess's ward, one femur alone was dislocated; while in the boy in Grosvenor ward, both were dislocated.

Congenital dislocations.—These dislocations are found at birth, and they are therefore termed congenital. They occur especially at the hip-joint. Other dislocations also occur, but they are sub-luxations rather than true dislocations; and they are found together with monstrosity, paralysis, idiocy, and alterations of the articular surfaces. In this manner, the shoulder, knee, elbow, wrist, and jaw are found in such cases to be luxated. The dislocations of which I have especially to treat, therefore, are those of the hip-joint.

These congenital dislocations of the head of the femur occur in three directions—namely, upwards and outwards, directly upwards, and upwards and forwards; but the first-mentioned variety, or that upwards and outwards, alone requires attention at this time, the other two forms of dislocation having been seen only in fœtal monstrosities.

Dislocation of the head of the femur upwards and outwards, on to the dorsum of the ilium, occurs for the most part on both sides simultaneously; and it occurs more frequently in the female than in the male child. Thus, Dupuytren mentions that, in the course of twenty years, he saw twenty-six instances of congenital dislocation of the femur, twenty-two of which occurred in female children and only four in males; and that, with two or three exceptions only, all of these were instances of double luxation. I have had seventeen cases of congenital dislocation of the hip under my care, fourteen of which have occurred in female children, and three in males. In one boy and in three girls the dislocation was single; in the remaining thirteen the dislocation was alike on both sides.

It has long been a question how this form of dislocation is occasioned. Some, as Dupuytren, have believed it to be caused by defective organisation in the germ; while others, such as Guérin, believe that active muscular spasmodic retraction causes not only congenital dislocations, but also all other congenital articular deformities. And Carnochan expresses a similar notion in the following words: "Congenital displacements occurring at the ilio-femoral articulation result from active morbid muscular retraction." I would place a single fact against this theory of M. Guérin's—namely, that in the cases of congenital dislocation of the head of the femur which I have seen, there has never been present spasmodic action of any muscle or set of muscles, whether of the muscles of the hip or elsewhere; nor have I ever known there to be difficulty in guiding the limbs in consequence of disturbed nervous action. And therefore I cannot believe, with Carnochan, that "a pathological spasmodic retraction of the muscular tissue, resulting from a perverted or disturbed condition of the excito-motor apparatus of the medulla spinalis," is the cause of congenital dislocation. So far from any disturbance of the nervous system existing in these children, they are for the most part healthy; and I am unable to call to mind an instance of unusually delicate health in any child whom I may have seen affected with congenital dislocation of the hip.

The cause of congenital dislocation of the hip, as it usually presents itself, is a purely mechanical cause. This dislocation always occurs together with a preternatural labour, and it occurs especially with a presentation of the nates. When the breech presents, the child passes through the pelvis with the legs doubled up, and the feet towards the thorax. The blunt hook, or the finger, is sometimes used to assist the passage of the child; and for the sake of traction it is necessarily placed, when employed, at the top of the thigh. But, when the thighs are flexed upon the abdomen, the heads of the thigh-bones must press against the posterior and inferior portions of the capsule of the joint; so that traction in this position will readily cause the head of the bone to escape from its shallow acetabulum.

Some very rare instances of congenital dislocation have occurred where the head of the femur was misformed and the cavity of the acetabulum imperfectly developed; where also other deficiencies and abnormalities existed. But these cases have little in common with those which I have shown to you; for in these, and in all cases of this class, the children are healthy and otherwise well developed and well nourished.

The symptoms of this dislocation vary with age. At birth it passes unobserved. When the child is lying down, the head of the femur is only slightly prominent: it may be felt, however, on rotating the limb. In the erect posture, the head of the bone becomes prominent, and presents visibly on the dorsum of the ilium above and behind the cotyloid cavity.

When dislocation of both thigh-bones has taken place, the pelvis is rendered very oblique, and the sacrum is raised; so that the abdomen is rendered prominent and the lumbar region becomes remarkably hollow. The trochanters project unusually, and are placed nearer to the crests of the ilia than natural; and the heads of the thigh-bones are to be seen projecting on the ilia, beneath the glutei. The muscles of the dislocated limb remain small, from insufficient use; but children who are thus affected are tolerably active, and can move about rapidly and without pain. Their motion, however, is very peculiar: it is, when both bones are dislocated, a rolling motion of the trunk, with more or less apparent insecurity or lameness. When the head of one femur is alone dislocated, the limb is shortened, so that the heel does not rest on the ground, and there is considerable weakness and yielding of the limb in walking; but the obliquity of the pelvis is less than when both bones are dislocated.

In the child, the lumbar curve, which in the erect position is so considerable, is effaced in the recumbent position; and in this position the head of the bone may be drawn down upon the acetabulum, and the length of the limb may be restored.

At birth, the acetabulum is, I believe, never altered (in the cases of which I am now speaking—namely, those of dislocation upwards and outwards, where there is no other abnormality present), in shape or dimensions, and the head of the femur retains its normal appearance. Changes, however, subsequently take place, both in the cotyloid cavity and in the head of the bone, for the cartilage wastes and the cavity becomes partly filled up with cellulo-osseous material, and the head of the bone becomes at length somewhat irregular in shape, and its cartilage is thinned. The capsular ligament retains its integrity for some years: it becomes elongated; and as the head of the bone at length escapes through its capsule, the ligamentum teres, being stretched, becomes slender, and finally it gives way, when the head of the bone comes into direct contact with the ilium. When the head of the bone has passed through its capsule a false articulation commences to be formed. Thickening of the cellular tissue with deposit of lymph takes place, which is ultimately developed into a new capsule, while a cavity is formed to receive the head of the bone by the deposition of osseous matter upon the ilium.

Treatment.—When dislocation occurs without other abnormality, both the acetabulum and the head of the thigh-bone are usually perfect at birth. There would then be neither difficulty in reducing the dislocation, nor in retaining the head of the bone in the acetabulum. The dislocation, however, is overlooked at birth, for the obvious reason that it is not suspected; and when it is discovered—probably after months or years have elapsed—changes have already taken place which tend to impede the reduction, and which prevent the head of the bone being retained in the acetabulum. Absorption of the head of the bone proceeds at the same time that the acetabulum is being filled up, while the tissues around the head and neck of the bone are under-

going degeneration—those which are stretched, according to Guérin, undergoing fibrous degeneration; those which are relaxed becoming weak and fatty; and those which are much exerted, hypertrophied.

At birth the diagnosis can only present any difficulty when the luxation is double; for when it is single the difference in the length and direction of the limbs, and especially the difference which must exist on the two sides of the pelvis, can scarcely fail to discover the dislocation. For the most part, however, the dislocation is only suspected when the child begins to walk, and indeed it is often overlooked for years; but the peculiar gait—the lameness when the dislocation is single, and the rolling movement when both thigh-bones are displaced, is certain to attract attention. All the peculiarities of this dislocation are exaggerated when the patient is standing, and especially in walking; while, on the other hand, they are much diminished in the recumbent posture, and it is for this reason that congenital dislocation of the femur is seldom discovered until the child begins to walk alone: then the peculiar gait attracts attention.

The peculiarities of this dislocation are very strongly marked in the boy in Grosvenor ward. In this case both limbs are dislocated, and the trochanters project abnormally and approach nearer to the crests of the ilia than in their natural condition, and the heads of the thigh-bones can be seen projecting on the ilia beneath the glutei. The pelvis is thus rendered very oblique, the sacrum is raised, and the pubes carried backwards, while the lumbar and lower dorsal vertebræ are curved forward, rendering the abdomen protuberant. The knees are directed inwards, and the feet are flat. The lower limbs are weak, and wanting in muscular development, while the muscles of the arms and of the upper part of the trunk are largely developed, and are much used in progression. This boy is twelve years of age, and the changes to which I have referred have already taken place in him, so that the head of the bone is more or less fixed in its new cavity. But before this period has arrived, and while the cartilaginous surfaces retain their integrity, the dislocation may be reduced, and the head of the bone may be retained in the acetabulum. It is probable that until muscular retraction has taken place, this replacement may always be effected by manipulation under chloroform, and that the head of the bone may be retained in the acetabulum with the help of bandages and splints; but when retraction of the powerful muscles about the neck of the bone has taken place, although the dislocation may be reduced under chloroform, these muscles again displace the bone. These considerations induced me to propose the subcutaneous section of the muscles which are inserted into the trochanter.

It must be borne in mind that there is no difficulty, even after some years have elapsed, in restoring the length of the limb, by drawing down the head of the femur to rest on the acetabulum; but there is great difficulty in retaining the head of the bone in that position. I therefore resolved to divide subcutaneously those muscles which tend to displace the bone—namely, those which are inserted into and about the trochanters, especially the glutei and the rotators. And I found that, when the head of the femur was drawn down to the acetabulum, these muscles having been divided, it remained in that position and did not undergo displacement, even though retentive appliances were not immediately used. This, then, is the operation which is applicable in these cases, and from which I have derived in several instances excellent results.

After the section is complete the limb should be fixed to a straight thigh splint, and sufficient extension be made to hold it in the desired position; and after an interval of six weeks or two months passive motion may be employed. After this time consolidation about the head of the bone will have advanced sufficiently to prevent any displacement.

In children under two years of age it will probably not be necessary to have recourse to this operation, for the head of the bone will probably be retained after replacement, and without subcutaneous section; but after this age, displacement will scarcely be prevented without operation.

Old unreduced dislocations.—The use of chloroform has compelled us to modify our opinions on various questions relating to operative surgery, and especially this is the case where it is necessary to overcome the influence of the muscles; as, for instance, in the reduction of a dislocation.

Before chloroform was in use, it was the law that in dislocations of the hip attempts at reduction should not be made after eight weeks of displacement, and in dislocations of the shoulder the limit was fixed at three months.

Now, when dislocation has occurred, and the capsule is rent, inflammatory thickening takes place around the extremity of the displaced bone, adhesions form, and ultimately a new capsule is developed, the surrounding cellular tissue becoming condensed. In the orbicular joints especially, motion is easily established, and the new capsule becomes perfected through motion; it is furnished with a smooth lubricating lining, and in many instances free motion is in time permitted. Also a cavity is formed to receive the head of the bone. If the head rests on muscle the muscle becomes dense and is hollowed out for its reception; if it rests on bone, a cavity is formed to receive it, in part by absorption of the old bone, such as the ilium or the scapula, in part also by the deposition of new bone; and this is at length lined either by ligamentous substance or by a smooth porcellaneous deposit. But, on the other hand, the head of the bone may be displaced in such a manner as to press on neighbouring vessels and nerves, so that not only is motion so painful that it cannot be borne, but in such a position the pressure of the head of the bone, even while at rest, causes in many instances more or less constant pain. So long as it is necessary to keep the limb at rest a new joint cannot be formed, for motion is absolutely necessary, not only for the perfection of the new articulation, but also for its development.

Thus, in old unreduced dislocations two distinct conditions may be observed. On the one hand, nature remedies the effects of a dislocation by the development of a new joint; while, on the other hand, adhesions form around the head of the bone and consolidation takes place, which tend to fix the limb and to prevent painful motion. In the former case the limb daily gains strength, as the new joint becomes more perfect; while in the latter, atrophy of the limb results.

In the *treatment* therefore of old unreduced dislocations, with the advantage which chloroform gives us, the amount or absence of repair must be considered, rather than the length of time during which the limb has suffered displacement; for although it may remain a question for the operator to decide whether it is desirable to attempt the reduction of a limb which is regaining power and motion, it can scarcely be otherwise than right to attempt to reduce a dislocation where the limb remains motionless or painful.

I believe that these questions of motion and pain may guide us perhaps in every instance in which we are called upon to decide on the feasibility of an operation in such cases; for where the limb has not been used, very slight change takes place in the articular surfaces, so that I am unable to fix a limit to the period at which it could truthfully be said that such an operation would be unjustifiable. The health and the age of the patient are questions to be considered, not alone before performing this operation, but in every other operation; and therefore these questions will of course be considered by every prudent surgeon before he determines to reduce an old dislocation. When I tell you, however, that the acetabulum may retain its form and depth and its cartilage after the head of the femur has been dislocated for thirteen years, you will understand that it is difficult to assign a limit to these operations.

After the patient has been placed fully under the influence of chloroform, so that muscular resistance has entirely ceased, the adhesions which have formed around the head of the bone are to be broken up by free motions of the limb—to-and-fro motions and motions of rotation—which shall leave the head of the bone free and movable. And the adhesions are to be broken through on applying only moderate force. Violence can never be justifiable. When the head of the bone is fully loosened from its attachments, the limb is to be so manipulated that the head of the bone is drawn towards or carried into its articular cavity; and there it is to be immediately fixed by appropriate bandages, lest it should again slip out. I have never known the head of the humerus even to become again displaced after the limb has been bandaged and supported by a pad in the axilla.

When pain has subsided, passive motion may be commenced; perhaps after ten days or a fortnight shall have elapsed.

In some cases of old dislocation it may be necessary to divide the tendons of retracted muscles before attempts at reduction are made. This was done in the case of Elizabeth

C——, in Princess's ward, in whom it was necessary to divide some of the flexors, such as the flexor carpi radialis, the flexor carpi ulnaris, the flexor sublimis and palmaris longus, before an old dislocation of the wrist could be reduced. Whenever it is necessary to divide tendons, the punctures should be allowed to heal before extension or any effort at reduction of the dislocation is made. In this case, after the punctures had healed, chloroform was administered and the adhesions were ruptured; the hand was then readily restored to its normal position, and so it was bound on to a straight splint. This patient, whose hand had previously been entirely useless, regained the motion of her fingers and the use of the wrist, after six years of displacement and loss of power.

In these cases, then, of old dislocation, attempts at reduction may be made so long as the limb remains painful or motionless. And when much muscular retraction has taken place the tendons should be divided, and the punctures be allowed to heal, before the adhesions are broken through and the limb is replaced in its normal position.

FURTHER CONTRIBUTIONS TO THE PATHOLOGY AND TREATMENT OF ANEURISMAL TUMOURS OF THE NECK AND CHEST.

BY JOHN COCKLE, M.A., M.D.,
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(*Concluded from page 424.*)

WITH respect to our treatment of these cases, I think we ought, from the very first, to enforce, with severity and persistence, a modification of Valsalva's method: by this is meant the most perfect rest, the restricted use of fluids, the occasional exhibition of saline aperients, the guarded use of digitalis and iron, iodine, and the local application of ice where it can be borne; and we should additionally employ pressure, indirect, intermittent, or alternating and partial, either digitally or instrumentally. While adopting these measures, we should, *daily*, most carefully examine the condition of the sac; if the general expansion become less marked, and the impulse decidedly less liquid, we should be content with their continuance, as placing the patient in the best condition for what does (and not very unfrequently) happen—a natural arrest of the disease. Should such measures clearly fail, we have no alternative left but to employ the knife. I would advise that the carotid artery be first tied; here the anatomical relations are most favourable, no collateral branch directly intervening; but here, for a time, we should stop. Few surgeons would now venture to tie the subclavian artery *within* the scaleni, and it is with me a doubt (though possibly an unreasonable one) whether better results would follow ligature *without* the scaleni than those from partial and indirect pressure. If the artery is tied, and the collateral branches remain pervious, by a natural law they actively enlarge, and might soon permit the passage of such a current as entirely to disturb the repose essential to the formation of fibrinous coagulum, and undo all the good at first obtained. Indeed the operation is tolerably parallel with that at the groin, which we all know is notoriously unsuccessful. I am, however, very far from asserting that the vessel should not be tied as the last resource.

Thus far these aneurisms have been simply considered as existing *per se*, but the coexistence of disease of some portion of the aortic arch in nearly all is, I fancy, rather the rule than the exception; and I am now anxious to put a question over which I have long thought—namely, whether such complication should in any way restrict our measures, or prevent our carrying out, with premeditation, that which we have hitherto done in ignorance of the precise nature of the affection. Let us first interrogate the facts, and see whether they are of sufficient number and importance to warrant the attempt to generalise and use them. They have been commented on again and again, regarded as singular, but still left without any application.

The first case, and certainly one of the most interesting of the series, is recorded by Haller in his "Opuscula Pathologica" (p. 40), an engraving being attached to show the morbid appearances. The body of a woman about fifty years of age was brought for dissection into the anatomical theatre. The ascending aorta was found dilated, and the entire arch converted into a large sac. Beyond, the vessel was normal. Upon opening it, some recently coagulated blood occupied its centre, but the sac itself was densely filled with firm, white, laminated tissue resembling membrane; the innermost layer, six lines in thickness, adhered so firmly to the lining membrane that it might have been mistaken for part of the arterial coat. The same dense membrane extended continuously up the trunk of the left common carotid artery, completely obliterating it, and so firmly adherent as to be with difficulty detached by dissection; it also passed up the external carotid to the commencement of the labial artery. The internal carotid artery, smaller and contracted, was also filled by an extension of the membrane as far as the foramen of the petrous portion of the temporal bone. The right carotid artery and jugular were pervious, but a considerable extent of the left jugular vein was entirely plugged with the same substance.

The second case is from Pelletan,* whose experience in aortic aneurism was very considerable. A physician of the Faculty had an aneurismal tomour of the form and size of the smaller half of a hen's egg, situate above and behind the right clavicle, near the sterno-clavicular articulation; the impulse was enormous, and was supposed to be connected with the arch of the aorta. Pain, regarded as rheumatic, preceded the appearance of the swelling. Valsalva's method, and the application of ice, greatly reduced the size of the swelling, and abated the pain; but the patient refused to continue the treatment, and, some months later, died from pain and impeded respiration. The external tumour had increased by one-half. On dissection, the sac was found to arise from the summit of the arch involving the innominate and right carotid arteries. Pelletan adds,—"I know not why this situation of an aneurism appears to me more favourable to cure than any other; possibly the obliteration of the carotid might, by forming a cul de sac, have checked the progress of the aneurism."

The next two cases are quoted by Velpeau.† A man was admitted into the hospital at Amsterdam with an aneurismal tumour extending above the sternum. Tillanus, supposing the case to be one of aneurism of the left carotid, tied this artery a little higher up. The patient recovered. Five months subsequently he died suddenly. The aneurism occupied the arch of the aorta, and was completely filled with fibrinous clot. The specimen is still in the anatomical museum. In the second case, the aneurism occupied a similar position, and was on the point of bursting. Taking the case to be one of aneurism of the left carotid, Rigen, of Amsterdam, tied the artery a few inches higher up, on the 21st of February, 1829. All the more serious symptoms disappeared, and the size of the tumour considerably diminished. It was necessary to operate for strangulated hernia on this man on the 9th of May following, but on the 13th of the month he died, with symptoms resembling those of asthma. Post-mortem examination showed the sac to occupy the arch of the aorta between the innominate and left carotid arteries. It was filled with solid, fibrinous clot, and very considerably diminished in size.

The following case occurred in a patient under the care of Mr. Montgomery, of the Mauritius. A negro, about forty years of age, was admitted into hospital on Feb. 20th, 1829, for an aneurismal tumour the size of a pullet's egg, situated immediately above the sternal end of the left clavicle, and so close to that bone that it seemed to emerge from behind it, or rather from within the cavity of the chest. The tumour rapidly increased until the 9th March, when it had acquired an alarming size, the base occupying the space of two-thirds of the sternal end of the clavicle, and ascending nearly four inches upwards to the angle of the jaw. Under the impression that it was a case of aneurism of the left carotid artery, Mr. Montgomery tied the vessel above the sac, as recommended by Mr. Wardrop; and the tumour rapidly diminished in size. The patient died on July 11th

* Clinique, tom. i., p. 82.
† *Méd. Opératoire*, tome i., p. 307 (Bruxelles, 1840).

It was found on post-mortem examination that a mistake in diagnosis had been made. An aneurism, the size of an orange, occupied the arch of the aorta between the innominate and left carotid arteries. The orifice of the sac was firmly closed by organised coagulable lymph, which completely prevented any blood passing from the aorta to the sac; the left carotid was plugged by the same matter, and the right carotid much enlarged. Unluckily, inflammation and suppuration had occurred at the upper part of the sac, and ultimately extended to the pericardium.*

The last case I shall cite is extracted from Robert's essay "On Aneurisms of the Subclavian Region." A woman, sixty-three years of age, had a large aneurismal tumour occupying the site of the left sterno-clavicular articulation, and greatly embarrassing the breathing. Colson, of Noyon, diagnosed aneurism of the left carotid, and tied the artery above the sac; gradual diminution of size and pulsation of the tumour occurred, but these never completely disappeared. This patient recovered, and was alive some years after the operation. Now, I would say of this case, that there is no recorded evidence to show that it might not have been an aneurism of the aorta, especially when we find that an aortic sac so much more frequently ascends in the locality described.

Reference might also be made to the interesting cases of Dr. Davies and Mr. Maunder, but I will not trouble you with further citations. If those referred to do not establish my position, nothing further would enforce the argument.

Now, these results, so far as they go, cannot be said to contrast unfavourably when confronted with those obtained from operations for aneurisms of the innominate and root of the subclavian arteries; and I again ask whether in a case of aneurism of doubtful origin, or even with the conviction that the tumour springs from the upper wall of the aortic arch, we may not be justified in affording the patient a chance by the ligature of the common carotid artery? How such ligature acts—whether by causing some "diversion" difficult to explain, or by producing some further modification in the membrane of the already diseased sac, one or both,—the facts remain; and, although there may be risks—risks of undue inflammation of the sac, of suppuration, of disintegration of the clot, of hæmorrhage, or even of cerebral disturbance,—we must not balance contingent against a certain peril, for risks like these pertain to every case we have considered. Again, it may be urged that rupture of the sac may occur, despite the operation. But this objection applies to every case we treat. It is one which we cannot forestall, and for which the ligature is in no sense responsible.

In desperate cases like these a doubtful remedy is better than none; and, while painfully conscious of the doubt, for we never can very firmly rely upon any modification of Brasdor's method, the practical question for us to determine is, whether by the employment of such a measure we have an equally reasonable hope, if not of saving, at least of prolonging, the life of the patient, as we should have in cases free from the aortic complication.

OBSERVATIONS
ON SOME
CASES IN WHICH ARTIFICIAL TEETH WERE DISLODGED AND SWALLOWED, OR IMPACTED IN THE PHARYNX.

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(*Concluded from page 457.*)

MR. COCK has recorded, in "Guy's Hospital Reports" (vol. iv., Third Series, p. 217), two cases, in both of which he had to perform pharyngotomy in order to remove artificial teeth impacted in the pharynx. In the first case, the length of the plate was 1⅛ inch, and its breadth one inch. One extremity terminated "in a slender clamp, with two points as fine as needles; while the other extremity formed a single sharp point. From the anterior edge a false tooth projected." This plate was swallowed on the 17th January, and stuck at the lower part of the pharynx, opposite the cricoid cartilage. The patient was unable to swallow any food or fluid, but Mr. Cock succeeded in passing a catheter by the side of the plate, and through it was able to introduce fluid food into the stomach. All efforts to withdraw the foreign body by instruments through the mouth having failed, Mr. Cock opened the pharynx on the left side of the neck, and most successfully removed the mass. The patient was perfectly relieved, and recovered most satisfactorily. The shape of the plate is accurately represented by a drawing in the volume referred to, and most satisfactorily accounts for its impaction in the pharynx. At its lower extremity the sharp points of the gold plate became impacted in the soft walls, which closed in upon the foreign body, and effectually stayed its further descent.

It will be observed that this metallic plate is less at its greatest diameter than that which is represented by Fig. 2. But from the circumstance of its being armed by three sharp projecting processes at its extremities, it was caught by the walls of the pharynx; while the smooth-edged, though larger, plate passed into the stomach without difficulty, and with but momentary discomfort to the patient.

The second case, recorded by Mr. Cock, is of a somewhat similar nature (Guy's Hospital Reports, vol. 13, 3rd series, page 1).

A man was in the habit of wearing a silver plate, on which six or seven teeth had been formerly fastened; but, though the teeth had fallen away, he continued to wear it to keep his mouth in shape. He wore the plate in bed, and one night he woke up choking, the plate having slipped into the pharynx while he was asleep. The mass was felt lying below the level of the cricoid cartilage, and attempts were made unsuccessfully to remove it through the mouth. After several such attempts the patient objected to further interference, and placed himself under the care of Mr. Cock. The breathing was then unaffected, nor was there any constitutional disturbance, nor any other symptom than that of a little local inconvenience aggravated by attempts to swallow. He had taken no food for seventy hours; for whenever he attempted to swallow anything, solid or liquid, it returned. A large flexible catheter was passed by the side of the plate down the œsophagus, and through it the patient was fed. Mr. Cock, finding there was no prospect of moving the plate without opening the pharynx, operated upon the man four days after the mass had been swallowed. The plate was removed successfully, and the patient recovered most satisfactorily. The mass consisted merely of the metallic portion of the artificial structure; but had projecting from its edges six points, or sharp wires, on each of which a tooth had formerly been fixed; and also from one end there projected two sharp arms, which had embraced a tooth or stump. This plate is represented by a drawing in the volume referred to. Its shape and sharp projections entirely explain the cause of its arrest in the pharynx. Its longest diameter is less than that of the plate represented by Fig. 2. Like the first case related by Mr. Cock, its shape rather than its size interfered with its passage down the œsophagus. It measured 1¼ inch in its longest diameter.

The results of the cases related prove that the *shape* of a foreign body, once introduced into the pharynx, is of much more importance than its size, within certain limits; and that its arrest, or more or less free progress through the alimentary canal, will depend in a very great measure upon the former.

In confirmation of this statement, I may here relate the results of some experiments I made, with the assistance of Mr. Pick, curator of St. George's Hospital museum, to test the capacity of the pyloric orifice and the ileo-cæcal valve to transmit foreign substances introduced into the stomach.

The stomach was removed from the dead body with the duodenum attached; and the cardiac half was cut off. The pyloric half was then held up and open, the pyloric orifice and duodenum being dependent. A halfcrown-piece was dropped into this portion of the stomach; with a little shaking, it passed through the pylorus, and dropped out, through the duodenum, into a basin below. The artificial tooth-plate, represented by Fig. 2, was then dropped into the same portion of the stomach, held up in a similar manner. With very little shaking, it soon slipped through the

* Guthrie: Diseases &c. of Arteries, p. 190.

pyloric orifice and duodenum. The tooth-plate, represented by Fig. 1, was then dropped into the suspended portion of the stomach. The prominent tooth at once fell into the pyloric orifice; but the points at the extremities of the tooth-plate hooked on to the sides of the valve, and no shaking or manipulation, *without force*, would have succeeded in getting it through the orifice and duodenum.

Similar experiments were then made, with these three substances, with the ileo-cæcal valve, and with precisely similar results. The halfcrown-piece, and plate, Fig. 2, slipped through readily; plate, Fig. 1, hung in the opening. So that it was clearly evident that the sharp projecting points of the latter alone stopped its progress from the stomach into the duodenum, or from the ileum into the caput coli.

No doubt the plate, represented by Fig. 1, during the time it remained in the stomach, stuck, as we saw it in this experiment, at the pyloric orifice, and was the cause of the pain the patient complained of after it had entered the stomach.

The plate, Fig. 2, is longer in its diameter than either of those referred to by Mr. Cock; but the results of the corresponding cases are materially different. The smooth-edged plate, but the largest, passed through the whole alimentary canal, without any great inconvenience to the patient, in three days; while the other two, with sharp projecting points, were at once impacted in the pharynx, and could only be removed through an external opening.

It thus appears that even a small tooth-plate with sharp points, or rough edges, is not likely to pass beyond the stomach, even should it get so far; while a larger one, with smooth edges, may pass through the alimentary canal without much discomfort. A large plate, with sharp points at its edges, cannot pass beyond the pharynx, and when once there cannot readily be removed, without the pharynx is opened externally. But a large plate, with smooth edges, having passed into the pharynx, though it cannot get beyond that point, may be withdrawn through the mouth, and does not necessarily involve a more serious operation.

A few remarks on the treatment in such accidents as the above may not be misplaced here. Mr. Cock has very truly observed (Guy's Hospital Reports, vol. iv., 3rd series, p. 217) that, "as the use and application of artificial teeth daily increase, and as many of them are imperfectly fitted and carelessly worn, there can be no doubt that the casualty (of their being dislodged) will recur again and again."

If the foreign body be lodged in the *pharynx*, and there be sharp points projecting from the edge, no effort on the part of the surgeon will succeed in pushing it downwards. Nor should any such attempt be thought of. It is either retained there by its size, as in Mr. Paget's case; or by its shape and sharp points, as in the cases recorded by Mr. Cock, and as occurred in that of the man who died suffocated.

When satisfied that the mass is in the pharynx, the surgeon should attempt first to remove it through the mouth, and with one or two pairs of strong and long-curved forceps he may succeed possibly in doing so. But if these attempts fail after a few times, they should not be persevered in. Violent or oft-repeated trials to extract it will only be followed by local irritation, and might even produce more serious mischief.

When, therefore, gentle means have failed to relieve the pharynx of the foreign body, and the patient has continued difficulty in taking food, œsophagotomy should be had recourse to without delay. Let us suppose such another case as that in which the plate, Fig. 1, was swallowed, and that the foreign body had entered the œsophagus, and there remained and interfered with the passage of food. It would of course be best to attempt by gentle means to push it into the stomach. Should pain then commence, and there be no evidence of the further passage of the foreign body, with my present experience I am inclined to recommend that a gentle emetic should be given on a full stomach. In all probability the mass would be returned with the ejected contents. The results of the experiments made with the stomach and intestine, and described above, prove that there would be no prospect of such a shaped mass passing the pyloric orifice; nor can we suppose it would remain an indefinite time in the stomach without danger to the integrity of its walls.

As regards general treatment, I am of opinion that we cannot be too particular in abstaining from aperient medicine when foreign bodies have once passed into the stomach. It stands to reason that, if a foreign substance is to pass through the alimentary canal at all, the more solid the contents, the greater will be the facility, if not rapidity, with which it will pass—especially when once in the lower bowel, for it there becomes surrounded and protected by solid fæcal matter; whereas, if the contents of the bowels be entirely liquid, the foreign body may become more or less impeded in its exit by the walls of the bowel contracting on it.

Practical experience has established this kind of treatment as a rule amongst those who make their living by passing false coin. When detected by the police, they swallow whatever bad money they may have about them; and under such circumstances, if they escape, they invariably avoid purgative medicine, and live on a constipating diet, until the coin has been passed. "Cheese and hard-boiled eggs" are the principal ingredients of their fare.

This practical experience is not to be treated with indifference, however questionable may be the respectability of the practitioners who adopt it. It points to the rational practice, that when a solid, hard substance is once swallowed and passes into the intestines, we should not render the contents of the latter more fluid than natural by the administration of purgatives, but rather recommend such food to be taken as would be likely to produce a slight degree of constipation, so that the foreign body may be enveloped in the solid contents of the bowel, and its escape thus rendered more certain and easy.

In conclusion, we may caution those who are compelled to wear false teeth that they should never go to bed with them in the mouth, as they are apt to become dislodged during sleep; and if the plate be in any degree loose, or readily displaced, to have the defect at once made good, rather than run the risk of any accident from their becoming suddenly dislodged.

Grosvenor-street, March, 1869.

A FEW REMARKS ON TRACHEOTOMY; WITH CASES.

BY T. R. JESSOP, F.R.C.S.,

LECTURER ON PHYSIOLOGY AT THE LEEDS SCHOOL OF MEDICINE, SURGEON TO THE LEEDS PUBLIC DISPENSARY, ETC.

(*Concluded from p. 458.*)

CASES of threatened suffocation every now and then occur, in which, from the nature of the disease, or from the exhausted condition of the patient, the propriety of prolonging his sufferings, or of increasing his distress, for the sake of gaining a short addition to his life, by the performance of the operation of tracheotomy, may be fairly questioned by the surgeon; and it becomes a matter of much difficulty to decide whether we shall allow our patient to die at once, or we shall hold out a pain-inflicting hand, which can at the best but give him a short respite. In such cases we shall do well, I think, to take into our consideration, not only the number of days we are likely to add to our patient's life, but also the probable *mode of his death*. The struggle for breath in the suffocated so completely monopolises his every thought, and is so distressingly painful for relations and friends to witness, that it is very desirable, to say the least, we should if possible substitute a calm and quiet departure—one more suited to the solemn and momentous occasion. And it will sometimes happen, as in the first of the next two cases, that the prolongation of life will far surpass our expectations.

CASE 2.—Henry R——, aged thirty-four, was placed under my care by a benevolent, though distant, relative of his, in May, 1865. In November, 1864, he began to suffer from cough, which was soon afterwards attended by copious expectoration, night sweats, great loss of flesh, and hoarseness of voice—symptoms which, attributed to phthisis, had been met by the administration of cod-liver oil and medicines. When I first saw him he was very thin, and looked

extremely ill. I could not detect any sign of phthisis on examining his chest; but his symptoms pointed unmistakably, as I thought, to that disease. He was almost aphonic, and yet the vocal cords appeared healthy. In the following month (June) I observed, by means of the laryngoscope, a swelling posterior to, and on the right of, the larynx, which displaced that organ towards the left of the middle line; and, on examining the neck externally, a distinct thickening could be felt deeply situated on the right side of the larynx. From this time the growth rapidly enlarged, projecting outwardly at the side and on the front of the neck, and encroaching upon the cavity of the larynx within. His strength daily diminished, and his breathing became more and more impeded. On the 23rd of July, about six weeks after the first detection of the disease, immediate death by suffocation was averted by my opening the trachea. The relief to the urgent symptoms was of course decided; and for some weeks he positively gained flesh and strength, was able to sit up, and passed his time in tolerable comfort. Meantime the tumour rapidly enlarged; and towards the end of October his strength visibly failed. He died from exhaustion on Nov. 9th, having survived the operation nearly sixteen weeks. The tumour, which was found to consist of encephaloid infiltration of all the tissues in the neighbourhood of the larynx, and formed a very large and prominent mass on the side and front of the neck, was exhibited by me before the Pathological Society in 1866.

CASE 3.—Richard D——, aged fifty-two, applied to me on the 31st day of August, 1865, on account of difficult breathing, which had for some months been gradually increasing. He was spare and sallow. On laryngoscopic examination the epiglottis and borders of the larynx were found to be thickened and ulcerated, and to the touch they felt hard and rigid. The vocal cords were not implicated in the disease, but were much limited in their movements. Inasmuch as he stated that he had contracted syphilis ten years before, although I felt convinced, from the situation, the appearance, and the feel of the diseased parts, that the affection would prove to be epithelioma, I deemed it right to put him at once under treatment suited to that disease. I accordingly prescribed mercurial ointment to the arms, and ten grains of iodide of potassium in two-ounce doses of the syrup of sarsaparilla three times daily, and swabbed the parts on alternate days with a strong solution (ten grains to the ounce) of nitrate of silver.

The disease continued to advance, and the breathing became daily more embarrassed, until the 26th of September, when, as suffocation became evidently imminent, I opened the trachea. He rapidly improved, and at the end of a week was able to sit up. He now, however, began to experience considerable difficulty in swallowing food, and more especially liquids, which almost invariably found their way into the trachea, and were expelled in astonishingly large quantity through the tube. Whilst taking some broth on the 18th of October—twenty-two days after the operation—he suddenly died. A post-mortem examination could not be obtained, but on removing the tube it was found partially blocked up with a piece of meat.

Widely different from the last are the cases where a foreign body has accidentally slipped into the windpipe. In these, the surgeon does not hesitate, after having failed to extract the offending substance by other means, to open the trachea without delay.

The following case presents some points of interest: the somewhat unusual length of time which elapsed between the entrance of the foreign body into the larynx and the operation, and again between the operation and the escape of the foreign body; the little mischief set up by the long sojourn of the nutshell in so delicate an organ as the larynx, when that organ was no longer being made use of; and, lastly, the advantage of making a large opening when operating for the removal of foreign substances.

CASE 4.—On the 4th of June, 1867, I was asked by Dr. Young, of Headingley, near Leeds, to see with him George R——, aged four years, who, on the afternoon of the 2nd of June, whilst laughing at play, had accidentally drawn into the larynx a portion of nutshell. A violent paroxysm of difficult breathing was the immediate consequence; but as this gradually passed off, and the little fellow resumed his play, little was thought of it. During the night and day following, occasional attacks of dyspnœa occurred, but always passed away in a short time. Early on the morning of the 4th of June, however, he was seized with a paroxysm of more than usual severity, and his voice dropped to a whisper—a condition of things which hourly increased, and was evidently about to culminate in complete suffocation when I saw him at midday. With Dr. Young's assistance, I made a large opening into the trachea, and inserted a correspondingly large tube.

Immediately after the operation the child's condition seemed to be so critical that we deemed it prudent not to make any attempt to remove the nutshell, which had evidently stuck fast in the larynx, and offered, therefore, no obstruction to the ingress and exit of air. On the following day the child rapidly improved, and suffered little apparently from the effects of the operation. On closing the orifice of the tube he was unable to breathe or speak, and as it was evident, from the resistance he offered to any examination, that it would be necessary to administer chloroform before making any attempt at the removal of the foreign substance, I preferred waiting, in the absence of any sign of irritation in the larynx, until he was quite convalescent.

On the afternoon of June 22nd—eighteen days after the operation—he was seized with a violent fit of coughing, which terminated in the expulsion through the tube of the nutshell—a piece consisting of about one-fourth of the shell of an ordinary Barcelona nut. Immediately after the expulsion of the foreign body he was able to speak with a rough voice on closing the orifice of the tube. In order to facilitate the recovery of the larynx from any damage it might have sustained from the long irritation to which it had been subjected, I kept the tube in until the 2nd of July. The child's recovery was afterwards uninterrupted.

In conclusion, I have two suggestions to offer for the improvement of tracheotomy tubes as ordinarily constructed. A remark commonly made after performing the operation is, "How much deeper the trachea is than it seems to be!" We may go further with our reflections, and add, "How much deeper the trachea is in the living than in the dead!" In private practice, where the patient resides at a distance from the surgeon, it is no unusual circumstance to be told, on making the morning visit, that the patient, especially if it be a child, has died after a violent fit of coughing during the night. And if the throat be examined, it will not unfrequently be found that the tube has been forced out of the trachea, and is lying irregularly in the wound; that, in fact, the child has died suffocated, because the tube was only just long enough to reach the trachea, and has therefore become readily displaced during the act of coughing, or in swallowing. The ordinary tracheotomy tubes would seem to be made to correspond with the apparent, and not with the actual depth of the trachea—to reach the trachea of the dead and not of the living. Those I am in the habit of using are nearly half as long again as the ordinary tubes, and I find them very advantageous. I had them made after losing two children in the way I have described above.

My second suggestion—the principle of which is, I believe, recognised, but is not sufficiently appreciated by instrument makers,—is, that the two blades of the outer canula should be made so that they lie in *close apposition* at their distal extremities, and are separated only by the introduction between them of the inner canula.

By the adoption of this means the most difficult step in the operation of tracheotomy—viz., the introduction of the canula through the slit in the trachea will be much facilitated.

Leeds, 1869.

SOME REMARKS ON THE EXHIBITION OF OXYGEN AS A THERAPEUTIC,

IN CONNEXION WITH A NEW, AGREEABLE, AND EASY FORM OF ADMINISTRATION BY THE STOMACH.

BY S. B. BIRCH, M.D., M.R.C.P. LOND.

ALTHOUGH, with the bulk of the profession, the true position of oxygen as a therapeutic agent may still be regarded as *sub judice*, yet scientific interest in the subject has been slowly and steadily rising from "below zero," where it

stood in the years 1856-7-8-9, when I reintroduced it with cogent clinical and other evidence in the pages of THE LANCET and elsewhere, and (to quote, as I have now much pleasure in doing, the words of satirical opponents) "put forward an exploded remedy dressed up in new colours."

It may probably be remembered by some readers of THE LANCET that in 1856 I drew attention earnestly to Barth's inhaler with *pure* oxygen largely condensed in small iron bottles, which had much aided me in gaining my own experience up to that date; and, let me be permitted here to add, I believe it still to remain the best and most accurate method of supplying and inhaling the gas for therapeutic purposes. Two or three years afterwards professional attention was solicited by me in favour of Barth's oxygenated water (by a new process, pure oxygen being made to take the place of all the atmospheric air in the water); this had much interested me before it was made the subject of a patent by Mr. Barth. About the same time Thénard's discovery was introduced in its therapeutic aspect by Dr. Richardson. Of these two methods of exhibition by the stomach, the new oxygenated water has best satisfied me for ordinary use, since it can be taken as a *not unpleasant* beverage; while the peroxide of hydrogen is found to be a disagreeable medicine by most persons, and is certainly more apt to cause internal discomfort and flatulence than the oxygenated water. Neither of the two, however, having proved altogether satisfactory (though each is exceptionally useful and not to be quite superseded), it affords me much gratification to be able to lay before the profession a third method of administration by the stomach, to which my attention was called a few months ago, and which (judging from my own trials with it) seems calculated to prove a boon in medical practice.

Oxygenated bread (just patented by Welton with my warm encouragement) is the method in question; while I may just make the passing remark, that some years back the crude idea was tested by mixing chlorate of potash as well as oxygen gas with bread before baking, but these of course failed, no *active* oxygen remaining after the bread had been baked. The simple principle, put into practice in oxygenating *baked bread*, is somewhat allied to that which obtains in manufacturing "Barth's oxygenated water"—viz., the substitution of pure oxygen for a large portion of the atmospheric air and carbonic acid present in bread. The bread to be oxygenated is made partially to collapse by means of an air-pump, and then oxygen, by an ingenious contrivance, is pressed into the bread so as to restore its previous bulk. One point appeared to me at first to present an insuperable barrier to the general employment of this bread—viz., the great rapidity with which it became mouldy, even in twenty-four to forty-eight hours, before opening the tightly-closed tins. This defect has, I am glad to say, been apparently overcome by two suggestions of my own—(1) the use of Dr. Daugleish's aërated bread in place of ordinary fermented bread; and (2) a piece of paper impregnated with a solution of phenic acid placed within the lid of each tin. The flavour transferred to the bread is so slight as scarcely to trouble the most fastidious taste, and will prove a positive advantage to some patients who desire medicinal flavour; while, if care be taken in immediately closing the tin cases on each occasion of use, the unfermented bread (oxygenated) will keep good for some days, even without the phenic-acid paper.

A surprisingly small bit of this oxygenated bread proves its special influence in suitable cases. Moreover, its relative effect on the appetite is singular. Thus, on the one hand, as might be expected, it stimulates the appetite where absent or capricious; while, on the other hand, it tends to produce such a sensation of epigastric fulness, when sufficient food has been taken, as to effectually suspend (if not satiate) the morbidly craving appetite. These facts, as far as they have already been observed, are full of significance in relation to influence upon assimilation and nutrition.

With respect to the deranged conditions of the animal economy, in which oxygenated bread is specially indicated—indigestion from nervous weakness, local or general, and lowered power of assimilation and sanguification from glandular or nervous causation,—hold the foremost place. In fact, many of those continually recurring cases of functional derangements of stomach and liver and intestinal canal, with spanæmia (which claim general recognition as demanding iron, quinine, the mineral acids, small mercurials, &c.) will be often treated, I venture to predicate, less objectionably and more effectively by oxygenated bread. Possibly it may with advantage supersede, to a great extent, animal products, such as artificial pepsine and pancreatine.

Of secondary diseases from constitutional or acquired debility, associated with perverted nutrition—mesenteric affection and intractable ascarides in children, as well as incipient pulmonary disease, have already been found by myself to undergo considerable improvement within a week or two after commencing this bread, and under its almost unaided influence. Of permanent benefit from its prescription in such cases I cannot at present speak.

I hope to recur to the subject, if it attract sufficient interest on the part of the profession.

Kensington Gore, February 19th, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tam aliorum, tam proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

LONDON HOSPITAL.

THE GALVANIC CAUTERY.

A MALE, about sixty years of age, was the subject of an epithelial growth occupying the margin of the left half of the velum palati, the root of the uvula, and encroaching upon the pillars of the fauces.

To remove this, Krohne and Sesemann's apparatus was employed by Mr. Maunder. The platinum wire was carried through the velum on a curved needle, and having been adjusted to the battery, the loop of wire quickly burnt through the soft parts included by it, while the patient was quite unconscious of the process.* The loop was readjusted, and the tissues on the other side of the tumour were similarly secured. The loop was now replaced by a piece of porcelain with a wire spirally twisted upon it, and this, heated red, destroyed the remnant of the growth attached to the pillars of the fauces. This latter part of the operation caused some amount of pain. Not a drop of blood flowed, and when the operation was completed no pain whatever remained behind.

POPLAR HOSPITAL.

DIFFUSE ANEURISM OF THE LEFT EXTERNAL ILIAC ARTERY; GANGRENE OF LEG; AMPUTATION; RUPTURE OF THE SAC; DEATH.

(Under the care of Mr. M. BROWNFIELD.)

THE patient—for an account of whose case we are indebted to Mr. Oliver Penfold, resident surgeon—was brought into the hospital on July 15th, 1868. He stated that about three months previously, when on board ship, he slipped off a foot-rope, and "strained his left groin." The next day he felt a small, soft lump there, which did not inconvenience him till four weeks later, when it was as large as a walnut; and he then sought the advice of the ship's surgeon. Compression, by means of a weight, was tried; but, after two days, this was abandoned, on account of the unbearable pain it produced. During the rest of the voyage he was merely kept in bed, and had morphia given him to allay pain.

Condition on admission.—A thin, dark, unhealthy-looking man, who looks much older than he says he is—viz., thirty years. Complains of almost constant pain in the situation of Scarpa's triangle in the left side; occupying which is a pulsating tumour, extending outwards to the anterior

* This apparatus can be obtained of Krohne.

superior spinous process of the ilium; inwards, to within an inch of the symphysis pubis; above, Poupart's ligament is tightly stretched across it, making a depression about three quarters of an inch deep; and the swelling terminates about three inches below this ligament. The swelling is raised an inch and a half from the proper level of the thigh, and imparts an impulse, radiating from within, to the hand; and its beats correspond with those of the radial artery. A bruit can be heard by auscultating over any part of the tumour. Both impulse and bruit can be stopped by firm pressure upon the external iliac artery above, and they return when the pressure is removed. The tumour feels moderately hard, and cannot be moved about. The integument is not adherent to it, and is of normal appearance. The whole of the front of the thigh is numb. The patient's chief discomforts are: almost constant, gnawing pain, sleeplessness, and feeling of great weariness. Says he had syphilis ten years ago. There are large cicatrices on prepuce. Habits rather dissipated.

The patient was ordered to rest in bed; and to have liberal diet, with wine, and tonic medicines.

Progress of the case.—On August 1st he had improved in general health. The tumour was softer and smaller; ice had been applied to it since July 25th. On the 8th August, at 5 A.M., he complained of sudden, intense pain in the tumour, which was much enlarged, and pulsated strongly. The integument over it was a little discoloured. Afterwards the swelling continued to extend in all directions, except below; so that, at last, the upper limit was just under the cartilages of the left ribs, and the inner boundary was one inch to the left of the umbilicus. The left leg became cold and œdematous, and finally gangrenous. A line of demarcation was formed by Oct. 30th, commencing anteriorly three inches above the ankle-joint, and running up along the outer border of the fibula and inner border of the tibia to the back of, and a little below, the knee. Thus the foot, ankle, and calf were sloughing. There was also a little patch of gangrenous skin on the upper border of the patella. The skin over the tumour had ulcerated, in one place at, and in a second place a little outside, the centre of the tumour.

On Nov. 2nd it was resolved to amputate the limb, for the line of demarcation had formed, and it was thought that the removal of the dead limb would soon place the patient in more favourable hygienic conditions, whereas the natural process would take weeks to effect separation. There was a slight probability, also, of consolidation of the sac if the distal end of the artery were tied. There was no organic disease of the lungs, heart (except a slight systolic murmur at apex), or kidneys, to contra-indicate surgical interference, and the patient strongly wished the operation to be done. Chloroform having been given, the thigh was amputated a little below its middle by antero-posterior flaps. Not much blood was allowed to be lost; that which did escape came from the distal end of the cut superficial femoral artery, and when coagulated it looked like red-currant jelly. On examining the limb after removal, a little greenish pus was found in the knee-joint, and the condyles of the femur were denuded of cartilage.

At first the patient seemed much improved in spirits and comfort; but on the third day a little oozing of blood took place from one of the ulcers over the tumour, which continued until the sixth day, when the skin gave way in a fresh place, near to the anterior superior spinous process of the ilium, and the blood slowly but continually drained away—probably more than a pint in twenty-four hours. He complained now of violent "stabbing" pain in the left breast, with cough, and expectoration of sanguino-purulent sputum. He died Nov. 10th, eight days after the amputation.

Autopsy, twenty-eight hours after death.—The left chest contained much straw-coloured fluid, with flaky white particles floating in it. The base of the left lung was carnified, of a green colour, and firmly adherent to the diaphragm. On section, greenish purulent fluid exuded from the cut surface. There were some circumscribed collections of purulent fluid seen on cutting the right lung: these varied in size, some being not larger than a pea, others about as big as a filbert. The heart weighed ten ounces. Its outer surface was covered with a layer of recent lymph. The muscular tissue was tolerably firm, but very much congested. The cardiac veins were injected full. The pericardium contained four ounces of pale-yellow fluid. The aortic valves were much thickened, and their bases atheromatous. The aorta was extensively diseased; large patches of atheroma studded its interior as far down as the common iliac arteries. The right external iliac, to the naked eye, seemed free from atheroma. The left external iliac was not atheromatous at its upper part; its walls seemed thinner than those of the right. The left external iliac artery continued in its usual course and calibre for two inches and a quarter from its origin, and then entered the inner wall of the sac; just before, a branch (epigastric?), the size of a No. 8 catheter, was given off. The sac occupied the left iliac fossa; it was formed of thickened fascia iliaca and peritoneum; it also extended under Poupart's ligament into the upper part of the thigh, being limited by the adductors on the inside, by the anterior superior spinous process of the ilium on the outside; and below, it reached to the crossing of the sartorius muscle. In the pelvis, it extended to the under surface of the diaphragm; externally, to the circumference of the crest of the ilium; and, internally, to the brim of the pelvis at the left side. In the iliac fossa a large oval mass, the size of a cocoa-nut, of laminated fibrin, was found. The subjacent iliacus and psoas muscles were absorbed, only a few thread-like, tendinous fibres, reaching from the bodies of the lumbar vertebræ to the trochanter minor, being left to represent them. The anterior border and venter of the ilium were deeply eroded. The capsule of the hip-joint was partly absorbed, and one-third of the articular surface of the head of the femur was exposed and dislocated forwards and downwards. The left external iliac artery, two inches and a quarter from its origin, entered the sac by a trumpet-shaped aperture as large as a goose-quill. The anterior crural nerve was so matted with the femoral vessels as to be scarcely recognisable. The superficial femoral artery was blocked by coagulum; the common femoral was with great difficulty traced up to Poupart's ligament, above which its continuation was lost.

ROYAL INFIRMARY, EDINBURGH.

THREE CASES OF PLEURO-PNEUMONIA; CHLOROFORM TREATMENT.

(Under the care of Dr. GEORGE W. BALFOUR.)

THE following cases and clinical remarks, for which we are indebted to the resident physician, Mr. Frank Hodges, are of considerable therapeutic interest.

CASE 1.—James R——, aged thirty-seven, admitted on December 5th, 1868. He "took a shivering," and was sick, on December 2nd, and the same night passed blood in his urine.

On December 6th, he was in a state of high fever. Temperature 102·2°; pulse 120, full and bounding; respiration 60. Urine somewhat smoky; specific gravity 1015; chlorides diminished; albumen a trace. Front of right chest is dull from the nipple downwards, and this dulness extends quite round the chest to the spine. Expectoration scanty, yellow, and tenacious. Respiration over dull portion obscured and undecided. Was ordered two drachms of ipecacuanha wine, two drachms of laudanum, and five ounces and a half of water, one tablespoonful of which was to be taken every four hours; and a teaspoonful of a mixture of one drachm of chloroform and seven drachms of olive oil every four hours. These mixtures to be given alternately, one every two hours, commencing with the ipecacuanha one. A linseed poultice to chest.—9.30 P.M.: Patient's breathing is easier, and friction sounds are heard over front of chest.

7th.—Patient much easier this morning. Temperature 102·4°; pulse 120; respiration 30; urine (specific gravity 1014) contains no albumen to-day, but a few blood-corpuscles are seen under the microscope; chlorides almost entirely absent. Dulness as yesterday, and over the dull portion a friction sound is plainly audible anteriorly; and on deep inspiration, fine crepitation. This crepitation, however, is more evident posteriorly, where the friction sound is less audible. Expectorates freely a gelatinous yellowish mucus, mixed with pure catarrhal sputa.

8th.—Had a good sleep last night, and feels much better this morning. Temperature 98°; pulse 72; respiration 32. Specific gravity of urine 1025; chlorides slightly diminished;

a few uric-acid crystals seen under microscope. Lung clearing up, and for an inch and a half below right nipple clear on percussion. There is still much external tenderness, so as not to admit of prolonged examination. Fine crepitation audible all over dull portion of lung, with only an occasional pleuritic rub. Expectoration scanty, and catarrhal in character.—10 P.M.: Pulse 68; respiration 28.

9th.—Has had another good night. Temperature 98·2°; pulse 72; respiration 33; specific gravity of urine 1015; Chlorides normal. Does not cough much, and the expectoration is catarrhal, with a few streaks of yellow matter. Anterior part of lung now normal on percussion. Dulness posteriorly slight, and limited to infrascapular space. Loud friction sound is heard over whole base of lung, especially posteriorly, and at the side.

10th.—Still doing well. Pulse 68; respiration 34. Did not cough at all last night. Expectoration scanty, and purely catarrhal. Percussion now natural. Anteriorly in lower third, where dulness existed formerly, vesicular respiration quite distinct, with here and there an indistinct friction sound still to be remarked. Posteriorly friction sound still very distinct, and obscuring the vesicular breathing considerably. This continued the case for some time, even after the patient was up and going about, but had long disappeared before he was passed out to the convalescent hospital on January 6th.

Case 2.—Colnall McC——, aged twenty-eight, labourer. This patient was said to have been drinking for a week or two previous to admission, and his statements are probably, therefore, not wholly to be depended on. They amount to this: that on the 4th of January he had some rigors, followed by smart pain in the chest, with cough, which continued till he was sent to the infirmary, a distance of twelve miles.

Upon admission, on the 9th of January, at 2 P.M., the patient was in a state of great depression; the general aspect dusky; pulse feeble, and so rapid that it could not be counted. Two ounces of sherry was given, followed, after the administration of a warm bath, by a glass of brandy-and-water, and the following mixture: Spirits of chloroform, twenty minims; sedative solution of opium, two minims; decoction of bark, one ounce: taken every three hours. At half-past seven the patient had rallied. Temperature 103°F.; pulse 128, soft and of moderate volume; respiration 44. Complains of pain in right side, about two inches below nipple, extending round to the spine. At this latter point there is a friction murmur. No appreciable dulness on percussion at any part of chest; but a prolonged examination could not be made, patient having to be supported while the posterior part of chest was being examined, and he became very flushed in the face, and perspired much at the conclusion of it. Ordered turpentine stupe to chest. Also, ipecacuanha wine, two drachms; tincture of opium, two drachms; to five ounces and a half of water: a tablespoonful every four hours. One drachm of chloroform to seven drachms of olive oil: a teaspoonful every four hours. These mixtures to be given alternately every two hours, commencing with the ipecacuanha one.

Jan. 10th.—Morning: Temperature 102·2° F.; pulse 120, full and soft; respiration 36. Passed a very fair night; expression less anxious. At the base and posterior part of the right lung there is slight dulness on percussion, and over this fine crepitation. Friction well heard in the same spot as yesterday; coughs much, and the expectoration is tenacious yellow mucus.—9 P.M.: Temperature 102·3°; pulse 120; respiration 40.

11th.—Morning: Temperature 102·4°; pulse 112; respiration 32. Passed a good night, and breathes with less effort this morning. Still coughs much, and has expectorated a small quantity of tenacious yellow mucus streaked with blood. Anteriorly, dull on percussion from lower border of subclavicular region downwards. Over this part consonating râles were heard on inspiration, with bronchial expiration; while over the subclavicular space crepitating but not consonating râles were audible. Posteriorly, from base of lung to inferior angle of scapula, dull on percussion, and over this fine crepitation was heard; above there was friction. To continue treatment, and to have six ounces of sherry.

12th.—Temperature 100·2°; pulse 100, soft, and of moderate volume; respiration 32. As low down as lower border of second rib anteriorly, quite dull on percussion; and over the whole of next interspace and rib comparative dulness exists, and in axillary space also. Coarse consonating crepitation heard over the whole of dull portion. Over lower part of lung percussion-sound was comparatively dull, but, except when liver came in, not so absolutely as in subclavicular space; over this portion some fine crepitation and sonorous râles were to be head. Dulness over the whole infrascapular and scapular spaces. Bronchial expiration, but the inspiration obscured by sonorous râles. On left side respiration puerile, with a few fine crepitating râles heard over lung here and there. Urine: specific gravity 1025; phosphates increased; chlorides diminished.—Evening: Temperature 100·3°; pulse 96; respiration 32.

13th.—Temperature 99°; pulse 88; respiration 32. Percussion, anteriorly, as yesterday. Crepitating râles on inspiration. Bronchial expiration; but, as you near the sternum, this becomes more indistinct, and there is vesicular breathing. Posteriorly, much the same as yesterday, the only difference being that the vesicular murmur is heard more distinctly mixed with other sounds.—9.30 P.M.: Temperature 98·2°; pulse 88; respiration 24. Urine: sp. gr. 1028; phosphates increased; chlorides slightly diminished.

14th.—Temperature 98·2°; pulse 88; respiration 24. With the exception of immediately under the right clavicle, where there is still some dulness, the chest is clear on percussion. At this part there is a little coarse crepitation; but all over the remainder of the lung breathing is vesicular. Urine: sp. gr. 1028; phosphates normal; chlorides slightly diminished; urates copious. — Evening: Temperature 99·2°; pulse 76; respiration 20.

15th.—Temperature 98·2°; pulse 80; respiration 20. Quite convalescent now.

Case 3.—Janet A——, aged twenty-four, single. On Jan. 3rd she had slight rigor and giddiness, followed next day by a stitch in the right side, and cough with expectoration. She continued at her work till Jan. 9th, when the pain in the side became so severe that she had to lay up entirely, and was admitted to hospital on Jan. 10th.

Upon admission, the patient complained of stabbing pain in the right breast upon inspiration. Respiration 32, catching; pulse 120, hard, small and wiry in character; countenance flushed, and anxious-looking. It being late when the patient came in, a thorough examination was not made, but a warm fomentation was ordered to the affected side.

Jan. 11th.—The upper part of the right lung anteriorly was clear on percussion, and the natural vesicular murmur was heard over it. Dulness existed from one inch and a half above the nipple down to hepatic dulness; friction sound was heard over this, and no respiratory sounds whatever. There was no expectoration, and the other symptoms pointed more or less distinctly to a pure pleurisy. The poultice was continued, and an opiate expectorant prescribed to be taken occasionally, and alternated with a diuretic mixture. Towards night the patient became very restless, more flushed in the face, and expectorated some tenacious rusty mucus. The sedative and diuretic mixtures were therefore omitted, and the patient ordered the ipecacuanha and opium mixture, with the chloroform emulsion to be given as in the two previous cases.

12th.—Has had a very restless night, and wandered much. The dulness on percussion has increased, and now involves almost the whole lung, extending to the lower edge of the second rib. Coarse crepitation heard all over the upper part of the lung; above the third rib, with bronchial respiration and bronchophony. Beneath the third rib there was the same dulness and absence of respiration as yesterday. Expectoration scanty, but tenacious and rusty. Urine: sp. gr. 1026; a trace of albumen; chlorides diminished.—9 P.M.: Temperature 103°; pulse 108, soft and of fair volume; respiration 32. Patient easier.

13th.—Temperature 103·1°; pulse 120, soft; respiration 32. There is not so much superficial tenderness of the affected side. The dulness on percussion nearly the same. On auscultation, with inspiration there are crepitating râles heard, and bronchial expiration not so pure as yesterday. Expectoration rather more abundant, less tenacious, and no longer rusty. Urine contains no albumen; but the chlorides are still diminished. At 8 P.M. the patient vomited, with immediate relief; and, when visited at 10 P.M., she appeared more comfortable than she had been since admission, and the temperature was then 100·3°; pulse 112; respiration 28.

14th.—Temperature 100°; pulse 128; respiration 32. Per-

cussion clear anteriorly down to the lower edge of the fourth rib, where dulness commences, gradually passing into perfect dulness at the fifth rib. Respiration vesicular all over the front of the chest, with a few sonorous râles at the upper part of the lung. The patient had vomited twice up till 6 P.M., and on the last occasion immediately after the chloroform emulsion. This accordingly was stopped; ice ordered to be sucked *ad libitum*, and a morphia draught (a quarter of a grain) the last thing. The temperature 101·2°; pulse 108; respiration 28.

15th.—Has had no more vomiting. A few sonorous râles are to be heard at upper part of lung, with coarse crepitation between the fourth and fifth ribs; directly beneath, finer crepitation, with bronchial expiration for the space of two ribs and an interspace; below, fine crepitation, without any bronchial expiration. This being the first day the patient could be moved without great pain, advantage was taken to examine the posterior portion of her chest, and on the right side fine crepitation was found, with pure bronchial expiration from spine of scapula downwards, over which portion of the lung the percussion note was dull, the bronchial expiration being purest at the upper part, where the infiltration was most recent. Expectoration scanty, but consisting only of a little grey mucus. The left lung normal on percussion; respiration somewhat puerile.

18th.—Perfectly convalescent.

In a clinical lecture upon these cases, Dr. Balfour stated that they had been treated upon a plan which he had almost uniformly pursued, with unvarying success, since 1848. He could confirm all that the German observers, Wucherer, Baumgärtner, Varrentrap, and others, had stated in regard to the wonderful mode in which chloroform brought down the pulse, moderated the fever, lessened the oppression, and, by checking the disease, changed the glutinous into a mucous phlegm. What he did not find it do was to relieve the pain, and for that reason he always combined it with opium, usually given in combination with ipecacuanha, from an old prejudice that the latter drug might be also useful in lessening the fever.

The German observers had found the chloroform, when employed after their fashion, by inhalations, rapidly to relieve the pain. That Dr. Balfour could readily believe; but given in this way, its sedative action was occasionally developed too powerfully, and had of itself proved fatal; while given internally in the manner prescribed, its sedative action was developed gradually, in a safe and controllable manner, while the supplementary opium acted rapidly and satisfactorily in relieving the pain. Varrentrap's treatment, which might be given as a sample of the treatment by chloroform inhalations, consisted in employing one drachm for each inhalation, and these were repeated from eight to twelve times in the twenty-four hours. On an average the treatment was continued for ten days and a half, and comprised seventy-four inhalations; the fewest number having been twenty-seven inhalations in five days, and the greatest number one hundred and sixty-two (about two pounds of chloroform) in fifteen days. Of 303 cases treated in this fashion by fourteen different observers, only 10 died,—3·3 per cent. Yet some of these cases were also bled, and some had ether instead of chloroform, neither of which circumstances was favourable to recovery. The difficulties, dangers, and expense involved in the administration of chloroform by inhalation in such cases, were all got rid of by giving it internally,—one drachm thus administered producing with safety results equal to those obtained at some risk by the inhalation of one ounce. The chloroform treatment was specially applicable to those cases in which the fever ran high, and the disease threatened to be severe. And it was not contra-indicated, like other active measures, by concomitant signs of debility; for while it controlled the heart's action, and lessened the febrile symptoms, it also regulated the circulation, and tended to maintain it equable throughout the system.

THE subscription list for the Leeds Infirmary is making good progress. Since the meeting on the 22nd ult. the large sum of £14,900, inclusive of the subscriptions then announced, has been obtained, few of the donations being below £50.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

ON Monday, before the reading of the paper of the evening, Dr. Richardson referred to the question of the immunity of pigeons from the narcotic action of opium, and stated that, from certain experiments he had recently made, he was sure that this immunity was an indisputable fact. He had given to a pigeon twenty, thirty, and forty grains of the drug, and that repeatedly, in the liquid as well as the solid form, without the least ill-effect on the bird. He took from a bag, whilst speaking, a pigeon to which he had given fifty grains for six days consecutively, and during the evening he administered sixty more grains of opium, the bird subsequently remaining well and lively. Dr. Richardson had not found that even constipation had followed his experiments. As yet he had not examined the secretions or excretions to see what becomes of the opium. It was a point of considerable interest to determine whether all birds, even those which are carnivorous, were insusceptible to opiates; whether they were uninfluenced by other vegetable poisons; and whether the bird, aided by its high temperature, decomposes the opium given: the drug certainly does not cause the heat of the pigeon to lessen.

Several speakers continued an interesting discussion. Dr. Thudichum referred to other instances of immunity, such as that of the rabbit from the action of digitalis, which it eats with impunity; and that of the ichneumon from the snake poison. Dr. Broadbent and others suggested that poisons which acted upon the spinal system of nerves were alike hurtful to all living creatures, but that the difference in action of narcotics and some other remedies might be accounted for by the presence of the higher nerve centres in the one, and their absence in another animal, these being the parts which were specially acted upon by certain drugs.

Dr. Sansom then discussed, in an interesting paper, the subject of Fermentation in Living Bodies, with the view of showing that many diseases depend thereon, and that the use of sulpho-carbolates was beneficial, for the reason that these remedies check fermentative action. After sketching the history of the zymotic theory of disease, and the analogy between zymosis and infectious disease, the author traced the evidence which seemed to point to the influence of organic germs in the genesis of the twain conditions; and divided "disease-producing germs" into two classes—the one in which the seat of their development and growth was in the blood itself, and the other in the intestinal canal only. He detailed experiments with the view of showing that fermentation can occur within the living body with ill results. The effect of carbolic acid was to prevent such changes, and it was efficacious, not only as a preventive, but as a disinfectant, therapeutically. But there were difficulties in the way of the administration of carbolic acid itself, and Dr. Sansom had found that the absorbable sulpho-carbolates at once gave up the carbolic acid when they reached the interior of the body; and for that reason, and because he had found them of special service in the dyspepsia of phthisis and suppuration, (probably connected with some kind of zymosis,) he asked that their efficacy might be put to the test. His own experience had taught him that the value of the remedies in zymotic diseases was very great.

Had time permitted, a discussion would have taken place, but it was postponed, after a declaration from Dr. Richardson that he should resolutely dispute the author's conclusions as to the zymotic theory of disease.

PATHOLOGICAL SOCIETY OF LONDON.

THERE was no very striking morbid specimen exhibited at the meeting of this Society on Tuesday last, save that shown by Mr. De Morgan. Early in the evening, Dr. Beigel brought under the notice of the fellows a child a year old, who had suffered from fits, and upon whose surface a number of flattened and sessile warty outgrowths had rapidly de-

veloped; the face, the arms, and the legs exhibited little fibrous buttons, varying in size from a split-pea to nearly that of a shilling. The exhibitor proposed to call the disease papilloma, but Dr. Tilbury Fox objected altogether to the introduction of a new name into dermatological nomenclature, believing that the condition in question was included under verruca. Dr. Bristowe presented a specimen of strictured gut, which he thought must have taken origin in an intussusception. A case of atrophied spleen in connexion with lymphomatous growths about the abdominal viscera was shown by Dr. Church. Dr. Moxon, after exhibiting a case of recurrent "testicle" cancer, as he termed it, drew attention to a cause of facial paralysis, which he had discovered in a man suffering from Bright's disease—viz., extravasation of blood in the canal of Fallopius. Dr. Dunn followed with an example of unequal development of the two sides of the cerebrum in an idiot child, begotten by its parent when insane. The most interesting case of the evening was one of recurrent cystic sarcoma exhibited by Mr. De Morgan, who doubted whether some of the cases in which cancer and cartilage were said to occur together were cancerous at all. Mr. De Morgan argued that too much stress was laid on recurrence as indicative of cancerous disease. He also declared his belief that the cystic formation in such a tumour as that which he brought before the Society, was due to the softening down of the cartilage which constituted the original tumour. The disease, in the present instance, was freely disseminated, especially in the lung; and Mr. De Morgan affirmed that it, as well as cancer, was transported from a local source originally, and that its ubiquity, to use a convenient term, was not to be accounted for by any original morbid condition of blood; and in this view he was of course supported by Mr. Moore. One point of practical importance was necessarily urged—viz., the propriety of operating for recurrent tumours at the very earliest date, and in such a manner as to get away all infiltrating material. Mr. De Morgan's position was assailed by Mr. T. Smith, who wished to be informed what is the evidence of a true blood-disease if a cancer is not; and declared that if cancer and its allies were local, the results of the practice of Mr. De Morgan, and of those who thought with him, should differ very widely from those attending the practice of other surgeons: cases of early removal should exhibit no return of disease. The discussion was not prolonged beyond the offering of a few remarks by Dr. Moxon, to the effect that there was some influence often at work by which particular tracts of tissues were selected as the seat of cancerous disease—for instance, the bony structures. The last-named gentleman somewhat startled his hearers by drawing attention to what he believed to be "Pacchionian bodies" in the liver, produced, as the result of congestion, in the form of flocculent outgrowths; which seemed, by the way, to be merely the remains of the deposit accompanying ordinary inflammatory action.

Reviews and Notices of Books.

Principles of Human Physiology. By Dr. CARPENTER, F.R.S. Edited by HENRY POWER, M.B., F.R.C.S., Examiner in Physiology and Comparative Anatomy in the University of London. Seventh Edition, much enlarged. With Engravings. 8vo. Churchill.

FIVE years have elapsed since the last edition of this, the most complete work on physiology, made its appearance; and what progress has taken place in that interval! Physiology, as a science, possesses so many and such interesting subjects for investigation, that we cannot wonder at the increasing multiplication of observers. New methods are adopted, and new instruments—some of them of extreme delicacy—are employed by physiologists in order to interrogate nature, and, if possible, wrest from her the secrets of her power and unravel her mysterious plans of action. In an age eminently critical and sceptical like the present, the progress of which has been marked by the development of exact, inductive, and experimental knowledge, it was to be anticipated that many old views would be cast aside, and that the varied phenomena of animal life would be subjected to those tests and methods of inquiry which have been applied with such success in other branches of knowledge. This edition of "Carpenter's Physiology" retains the form and the "old bones," as it were, of the Carpenter of our student days; but as we turn over its pages, we meet with so much that is altogether new, or what was old comes with such a new light and presents such a different meaning, that the very aspects of some branches of the science have become changed. The great strides which physiological inquiry has made of late may be well estimated by a book of this kind. Its size has been somewhat increased, and it would inevitably have been doubled had it not been for the care, skill, and judgment which have been shown in the selection and arrangement of the new material. It is in all respects an admirable work, and we congratulate Dr. Carpenter on having secured the services of a man endowed with the ability, learning, and conscientious exactitude of its editor, Mr. Power. We almost regret, with so much new matter on the one hand, and the recasting and reconstruction of the old on the other, that Mr. Power did not rewrite the book, for the production of a new edition so complete as the present one must have caused him infinite labour.

Where the revision has been on such a scale, we can only select a few subjects at random as an indication of the spirit in which the volume has been prepared.

There are several additions to Chap. III., "On the Connective Tissues;" and to Chap. IV., "On the Chemical Composition of the Body," numerous woodcuts have been added.

In Chap. V. we notice the introduction of a table showing the relative proportions of the chief nitrogenous and non-nitrogenous compounds contained in the more common kinds of food; a description of the condition of the Federal prisoners confined in Fort Sumpter during the late American war, showing the effects of inadequate food; the observations of Moura on deglutition; the arrangements of the fibres of the stomach as described by Pettigrew; the investigations of Nasse on the peristaltic movements of the intestines; those of Oehl, Eckhard, Von Wittich, Ranke, Grannuzzi, Pflüger, and Heidenhain on the saliva and the conditions influencing its secretion,—the statements of the last two writers in particular being replete with interest: the former showing the direct continuity of structure between the nuclei of the salivary corpuscles and the nerve fibres; and the latter, the singular difference existing between the minute anatomy of the salivary glands of different animals, corresponding to the difference in the nature of the fluid secreted.

It appears to be definitely settled that the true acid of the gastric juice is the hydrochloric; the presence of acetic, butyric, lactic, and other acids being probably due to decomposition occurring in the food. In reference to the pancreas and its action on the food, the observations of Diakonow and Kühne are recorded; and, as regards the bile, it is shown, from the interesting experiments of Hoppe Seigler, that, in dogs, whose bile contains chiefly tauro-cholic acid, this acid undergoes changes in passing through the alimentary canal which are identical with those produced by boiling with acids, or with alkalies, or which occur in the act of putrefaction,—cholalic acid, dyalysin, and choloidinic acid being produced.

But it would weary our readers were we to go through each chapter in this way. We must particularly refer, however, to that on the Circulation, which contains an account of the spectrum analysis of the blood; and a very full description of the observations of MM. Pflüger, Cyon, Ludwig, Thiry, and others, on the influence of the nervous system upon the heart, is given, to which is appended a

résumé of the actions of a large number of poisons on the heart. After the observations of Fagge and Stevenson, Fraser, and many others, those of Einbrodt and Sanderson on the influence of the respiration on the heart are subsequently referred to.

In the chapter on the Nervous System the results of Mr. Lockhart Clarke's recent researches on the brain and medulla are given, and additions appear to have been made to almost every section. The chapter on Muscle seems to have been almost entirely rewritten.

Cases of Disease of the Nervous System in Patients the subjects of Inherited Syphilis. By J. HUGHLINGS-JACKSON, M.D., F.R.C.P. pp. 22. Churchill. 1868.

THIS is a short pamphlet reprinted, with some alterations, from a paper which Dr. Hughlings-Jackson read before the St. Andrews Medical Graduates' Association. It will repay perusal. The lesson to be learnt from it appears to be, in general terms, the following. Hemiplegia, chorea, and other diseases of the nervous system, may be traced to the influence of hereditary syphilis, even when the patient presents none of the usual signs. It is of the last importance that the history of the family should be studied. Although the patient may be free from external signs, a brother or sister may present appearances which will lead to a right diagnosis. Amongst the cases which are related are—1. Chorea, epileptic hemiplegia, signs of congenital syphilis. 2, 3, and 4. History of rheumatism, syphilis (?), epilepsy, amaurosis, chorea. 5 and 6. Signs of congenital syphilis in mother and son; epilepsy in the mother and a daughter. 7. Epileptic hemiplegia, with congenital syphilis. 8. Convulsive seizures in a girl who has malformed teeth; nervous symptoms in the child's father. The importance of this subject lies in the fact that, once upon a right clue, we may be able to benefit by specific treatment cases which are otherwise hopelessly unintelligible. Dr. Hughlings-Jackson has done good service in drawing attention to the subject in his very interesting pamphlet, to which we are pleased to refer our readers for further details.

TYPHUS AND ENTERIC FEVER AT MERTHYR TYDFIL.

MERTHYR TYDFIL has long had a most unsavoury reputation. Town and parish alike have been notorious for their unhealthiness. In recent years, however, much has been done to better the sanitary state of the population; and, thanks to an energetic and highly competent Medical Officer of Health, Mr. T. J. Dyke, to an excellent, abundant, and continuous supply of pure water, a well-planned system of sewerage, and improved scavenging, sickness and mortality have steadily declined, and the great reproach of the district seemed as if it were about to be removed. But just as this promise had assumed a definite form, and had received some countenance from the opinion of Mr. Simon and the investigations of Dr. Buchanan, a startling outbreak of fever has taken place in Dowlais and Penydarren, parts of Merthyr parish immediately contiguous to the town of that name. This outbreak has formed the subject of a special inquiry by Mr. J. Netten Radcliffe, for the Privy Council. From a provisional report of that gentleman, and a letter of Mr. Simon's, published in the *Merthyr Express* in an account of the proceedings of the Local Board of Health, we may learn that, though much good sanitary work has been done in Merthyr, much still remains to be done.

It would appear that from the 1st October, 1868, to the 27th March, 1869, no less than 360 cases of typhus and enteric fever have occurred in Dowlais and Penydarren, among a population numbering about 18,000, and that of these cases 53 have died. In March, one or other form of fever appeared in thirty-four houses in Dowlais previously unaffected. The conditions under which this outbreak has occurred, and which foster it at the present moment, are, according to Mr. Radcliffe, an exceptional degree of overcrowding of the cottages, particularly those in which typhus has been most prevalent; and a state of excrementitious pollution of the surface and soil in the immediate vicinity of the dwellings, which passes all belief. "Many cottages," he says, "still do not possess either water-closets or privies, and the ejections of the dwellers are deposited in the closest vicinity, or are cast out promiscuously before the doorway. No ashpits are provided (at least so few that none came under my observation, either in Dowlais or Penydarren), and all the refuse is thrown before the door." The two conditions of overcrowding and surface pollution are those over which the local authorities seem to have had least control, and in which they appear to have effected the least improvement. These are clearly the weak points in the sanitary amendment of Merthyr Tydfil, and through these the progressive improvement of the health of the parish has received a disastrous check. The lesson ought to be taken to heart by the Local Board of Health and the parishioners. It is possible that the question of overcrowding is one not easily to be dealt with, if cottage accommodation is limited and population excessive; but excrementitious pollution of the surface, such as that described by Mr. Radcliffe, surely cannot be altogether uncontrollable. Whatever may be the peculiarities of Welsh iron-workers and colliers, it is obvious that if proper receptacles are not provided for refuse, that refuse will be cast out where most convenient. The money that will have to be spent to check the present outbreak would probably have given an ashpit to every three or four cottages in Dowlais and Penydarren.

Under the recommendations of Mr. Simon, temporary hospitals are being erected, and other means taken to stay the further progress of the fevers. An interesting question has arisen in connexion with these hospitals, whether the Local Board had power to provide with food the sick received into them. Mr. Simon, in replying to the question, says: "That the powers vested in the Board by Section 37 of the Sanitary Act, to provide 'hospitals or temporary places for the reception of the sick' include power to furnish such hospitals or places with all medicine and medical assistance, and with all necessaries that may conduce to the recovery of the sick."

PROTECTION OF UNQUALIFIED PRACTICE BY QUALIFIED PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—In one of the suburbs of London are practising two unqualified persons, not far from each other. They are under the wing of a medical man in the neighbourhood, who supports them in difficult cases, and screens them from the ills into which their ignorance may lead them. They, on the other hand, attend cases beneath the notice of their protector, acting in some way as assistants, though they carry on entirely independent practices. Not only the lower class, but some who ought to know better, put them, in conversation, on a perfect level with qualified practitioners, giving them the prefix of "Dr." Is there, then, no way of stopping this besides personally prosecuting them, which is, of course, entirely out of the question?

One of them has on the side of the door, on a brass plate, the word "Surgery." Is this not indictable? The principal question is whether an agreement as assistant with the medical man who supports them would act as a screen in case of prosecution.—I am, Sir, your obedient servant,

March 22nd, 1869. A PHYSICIAN.

*** The most culpable party here is the protecting legally qualified practitioner, who should be remonstrated with by the medical men of his neighbourhood. If the unqualified persons use titles implying registration, they can be prosecuted. Besides this, we know of no remedy for an evil which we have repeatedly pointed out, and which should have the severest condemnation of the profession.—ED. L.

THE LANCET.

LONDON: SATURDAY, APRIL 10, 1869.

THE advocacy of the claims of naval medical officers has for us peculiar interest, as we conceive that by the publicity given to them through our columns the wrongs of the service and the grievances of officers have often obtained redress; but it has been unsatisfactory to hear how often benefits thus gained have been deprived of worth by some secretly undermining process. There remains much to be done to render the Medical Department of the Navy equally attractive with that of the Army, and all the energy with which the new Director-General is gifted will be required to stem the current adverse to his profession. We heartily wish him success; and we hope that, when his period of service has expired, he will leave to his successor the pleasing office of superintending a contented body of officers. His first task will be to increase the confidence of the profession by using his influence to correct many things that weigh on the general body of those under his control. Foremost amongst these are the questions of rank and retirement. "Substantive rank apart from command" is an idea difficult to be grasped by the executive mind—which confounds the entirely distinct principles of military authority and social privileges, making the second wholly dependent on the first. This false conception predominates in the war services of England and the United States—i. e., within Anglo-Saxondom; but has become defunct in continental Europe since the days of the first NAPOLEON. Three years since, after sixty years' discussion, our profession at home seemed to have triumphed over it; but it has raised its head again—more in the navy than in the army,—fostered by the hand of the ruling class; and it is remarkable that in aristocratic England and in republican America the executives of the navy are more tenacious of the point than those of the army. Those of highest status, like our NELSON and their FARRAGUT, are the officers who have strongly supported our claims. This lowering of the privileges of rank, first granted to medical among civilian officers, has been effected by giving the same privileges on easier terms to other branches of civil officers than to the medical. Thus, after the true principle of rank and its privileges by actual service was fixed for the doctors, then paymasters, naval instructors, and engineers had the same conferred on them, on the false principle of seniority without actual service. In this way the value of relative rank has been much impaired for medical officers.

Rank has become one of the essentials of naval life; without it there is no standing place for officers. Even the chaplains, who stood apart from the rule of relative rank, have lately been rated according to their seniority, which gives them advantages over medical officers in the choice of cabins &c. This would not be objected to, but that the same advantages extend to all other civilian officers who rank by seniority in lieu of actual service. A chaplain ranks on entry with an assistant-surgeon of six years' service; and after he has been eight years on the list, whether he has served or not, he ranks with the staff surgeon who has done twenty years of actual service. Admitting that the chaplains hold their due position relatively to the executive officers, we maintain that the profession of Medicine is shown thereby to be below its status; and we point out the way of remedying it to lie in the recognition of the young medical officer as a *professional man*, to whom the appellation of assistant-surgeon is no longer applicable. For, on entry into the service, a young medical man must possess two registered medical qualifications; and we contend that no title should be applied to him that does not fully recognise that fact, and impart to him his full social status, equal to that of the chaplain just received into holy orders.

Next, our profession in the navy is lamentably deficient in rewards for distinguished services. With regard to honorary distinctions, the arrears date from the end of the Russian war. As to good-service pensions, the senior Inspector-Generals hold three amongst them, the united value of which amounts to that of an admiral; and there are no pecuniary rewards for good service given to our profession while capable of serving, as there are to captains and flag officers. Honorary aides-de-camp receive pay, but honorary physicians and surgeons to the QUEEN possess merely a title. These, however, are questions interesting only to the fortunate few who attain high rank; while the mass of our profession have greater interest in the removal of the unfair regulation that if they wish to decline further sea service after twenty years of full pay, they shall sacrifice one-fourth of their half pay—that is, one-fourth of the capital they have amassed by previous service. We consider that as twenty years of sea-going time after twenty-two years of age will most probably bring to forty-five years of age, at which lieutenants are permitted to retire with an addition of one-third to their ordinary half pay and the increased rank of "retired commander," it is positive injustice to surgeons to institute and maintain for them alone this very extraordinary and insulting provision against retirement.

These are some of the points that demand an early solution. The new Director-General has much to clear away, and much to effect, before the Navy Medical Service will become as popular as it formerly was. The profession, both within and without the service, have already the best pledge of his sincerity in the courageous and able evidence he has given before medical committees; and we cannot but think that he, being a Fellow of the Royal College of Physicians of high social standing, will now possess influence with the Admiralty to establish the points we have indicated.

THERE has lately been mooted in various quarters, and forced upon public attention through various channels, an unsavoury subject that has medical aspects to which we are bound to refer. An assemblage of obscure busybodies made itself notorious, a year or more ago, by discussing the propriety, or rather the impropriety, of attempts to interfere with the natural fruitfulness of mankind. The speakers

were mostly conspicuous for their remarkable unacquaintance with the moral and physiological aspects of the question that they rashly handled; and would have amused, if they had not saddened, persons of adequate knowledge and of sober judgment. But they succeeded, nevertheless, in creating an impression that what we may call, by a pardonable Irishism, the practice of destroying life before it has begun was a subject that might be talked and argued about by respectable people.

A book now lies before us which purports to be by a graduate of medicine, and is in the French language, into which it is said to be translated from the seventh English edition. We must not, by keeping silence about it, permit the supposition that English medical graduates hold the opinions that it sets forth, or that the alleged sale of seven editions affords any evidence that the book has been received with approbation by those whose approbation is to be desired.

The author and his congeners wish it to be believed that the cause of misery and poverty in old countries is simply "over-population;" and that the remedy is to be found in the limitation of the number of offspring by various mechanical contrivances. There are sundry collateral arguments advanced—in favour, for example, of more indiscriminate sexual unions (subject to the limitation) than now prevail; but into these several byways of nastiness we have no desire to enter. Neither do we propose to devote any space to an examination of the "over-population" doctrine. We hold it to be a silly and mischievous one; but it is among the number of those errors which recur more or less periodically, and which appear to depend upon some natural defect or obliquity of mind in those who fall under their sway. Once in a century, for example, there arises a man of education and general intelligence who not only cannot understand, but who cannot even be made to understand, the rotation of the moon upon her axis. The publication of his difficulties leads to the discovery that there are other persons living who suffer from a similar incapacity, and off whose minds reason and arguments on the particular subject glide, like water off a duck's back. In like manner, we think, the "over-population" doctrine is simply an evidence of incapacity, on the part of those who hold it, to grasp all the elements of a very large and complicated question. We are sorry that graduates in medicine and eccentric philosophers should suffer from such incapacity, which seems more normal when it is displayed by ambitious lordlings and by "intelligent" working men; but our regret has no power to alter the facts. We do not propose to argue with the sufferers, but simply express our entire dissent from what they call their conclusions.

Upon the subject of the proposed remedy, however, it is our duty to speak, and to speak plainly; because for medical men who advocate it there is no shadow of justification or excuse. A woman on whom her husband practises what is euphemistically called "preventive copulation" is, in the first place, necessarily brought into the condition of mind of a prostitute; and, next, she has only one chance, depending on an entire absence of orgasm, of escaping uterine disease. The excessive prevalence of such disease in France, and its dependence upon this cause, are well known to practitioners; and we have no doubt that the members of the Obstetrical Society could, if they would, afford abundant confirmatory testimony from their experience in England. As regards the male, the practice, in its actual character and in its remote effects, is in no way distinguishable from masturbation.

The truth is that the contemplation and glorification of the reproductive organs, as advocated by the pseudo-philosophers of whom we speak, is as unsound physiologically as it is destructive morally. Celibates, either male or female, may, as a rule, lead continent lives if they will only avoid temptation and dietetic excess, and observe scrupulous cleanliness. With regard to the married, the case is different. As a rule, marriage must be taken to imply self-denial rather than self-indulgence—an honourable self-denial that strengthens and elevates those who practise it, and that leads to strenuous labour and to the abandonment of personal luxury or display for the sake of the nurture and education of children. With the utterly poor, and especially with the artisan or labourer suddenly reduced to penury by loss of work, the case is different, and is very hard. The natural predominance of the animal life in the illiterate renders the control of the animal lusts difficult or impossible. But the remedy is not to be sought in filthy expedients for the prevention of conception; and we hope that the prominence lately given to this question will at least have the single good effect of calling forth an emphatic condemnation of such expedients from those who have had the largest opportunities of witnessing their effects. We are not admirers of the brazen image set up by modern politicians; and, when we hear a working man described as "intelligent" by a philosophic writer, we shiver at the very thought of the combination of conceit and ignorance that is intended. We would, nevertheless, do our best to defend him from bad teachers, and to hinder the degradation of science into a means of pandering to his selfishness. The question to which we have referred is one upon which medical opinion will probably be freely sought; and we trust that the counsels of our brethren will be worthy of their position and of their knowledge. A legitimate check to population is to be found only in prudence in contracting marriage; and all other checks entail evils that are far worse than the disease.

THE two parliamentary returns obtained by Mr. TORRENS—of the number, character, and cost of the asylums to be built under Mr. HARDY'S Act; of the unions and parishes which have established Poor-law dispensaries, with the cost incurred; of the salaries paid to all persons employed under the Act of 1867; of the number of medical officers in each union and parish, with the amount of their salaries, fees, &c.; of the parishes where the guardians provide medicines; and of the total number of in- and out-door sick poor—are interesting and important. At present, however, we shall refer only to so much of one of them as concerns the buildings in course of erection for the imbeciles, 3000 in number, whom it is so impossible to deal with satisfactorily in the existing workhouses, while there is no room for them in the overflowing county asylums. The policy of building asylums

at all has been freely canvassed, and the charge of extravagance has been leveled at the authors of the plans. We shall examine the justice of this charge, so far as it applies to the buildings intended for the insane.

From Mr. TORRENS's return we find that two asylums are in course of erection, one at Leavesden and the other at Caterham, which are to contain 1500 patients each. The total cost of the sites, the buildings, and the furniture, for the lodgment of these 3000 patients, is estimated at £270,800—that is, a trifle more than £90 per patient. Is this an extravagant provision? To such a question as this we are not able to give any simple reply. The answer must materially depend on the proportion of acute to chronic cases of lunacy, and on that subject we possess no accurate information. But upon any such proportion as we can think probable, the estimate of £90 per bed does not appear extravagant; for although the provision for mere chronic imbecility ought to cost much *less* than this, that for acute mania must cost a good deal *more*. Another question has, however, been raised. In an article in the *Examiner* the whole policy of building large asylums for insane paupers is attacked as at once extravagant and contrary to the best medical science. The author suggests the adoption of a system more or less like that of Gheel in the treatment of the insane poor. It is natural enough, no doubt, that those who are unfamiliar with the details of asylum management and expenditure should be caught by the notion that it would be better to treat the insane poor in cottages, where they would be under the superintendence of persons of their own class, and would enjoy a considerable degree of liberty, together with feelings more like those of home life than they could experience within the walls of an asylum. But the slightest accurate inquiry is sufficient to show that such a scheme is a mere vision as applied to the pauper lunatics of so crowded a country as England. First as regards expenditure. The plan acts very well in such a place as Gheel, a thinly peopled heath, where the moderate wants of life are supplied at less than half the rate which they would cost in England. In this country, on the contrary, to substitute cottage residence for residence in large asylums, built and maintained at such an average expenditure as we may now suppose the proposed metropolitan pauper asylums will require, would be to *greatly increase the charge upon the rates*. But there is a more serious consideration than this. We are by no means prepared to argue that, if expenditure were no object, and if we were sure of obtaining such results as are obtained at Gheel, it might not be worth while to do away with our large pauper lunatic asylums. Not only, however, is there no certainty, but the highest improbability, that the latter object would be secured. In Gheel there are not merely the favourable circumstances already mentioned, which render the cottage treatment of the insane inexpensive; there is, besides this, an extraordinary and unique character in the inhabitants of the district, distinguishing them as strongly from the dwellers even in neighbouring parts of Belgium as from those of all other countries of Western Europe—namely, a natural disposition to regard the insane without the slightest fear or repulsion, but with a mixed feeling of pity and affection. The author of "Gheel, the City of the Simple," reasonably ascribes this in great part to inherited traditions and feelings. The Gheelois are born *nourriciers*, for the place has, strange to say, been a lunatic colony for the last 1200 years. Is there the least probability that among the ignorant peasantry of our rural districts anything like this mingled skill and fearless kindness in the treatment of the insane could be found? It is impossible to believe it; and the only way in which we could secure decent and humane treatment to the patients placed in English rural cottages would be by an omnipresent and most costly army of medical inspectors.

One suggestion, and one only, which we have heard made with regard to possible modifications of the Poor-law asylum scheme for the insane, seems really valuable. The size of the two great lunatic asylums now being erected might be diminished so much as would suffice to leave funds for the erection of a smaller third building for the treatment of really curable patients. Even if this new institution (which should be furnished with superior liberality in every respect, and especially in regard to the number and salaries of the medical officers and nurses) were to increase the expenditure now proposed, it would be money most judiciously laid out. We have long suspected, and the idea has been confirmed by a very eminent alienist physician, who has suggested this latter plan to us, that there is by no means so high an average of recoveries from acute insanity in our large and scantily officered county pauper asylums as there ought to be. There is nothing so pressingly important, from the strictly economic point of view, as an increase in the number of cures of acute cases; and no reasonable temporary expenditure should be grudged which might contribute to this end. But it is useless to discuss such schemes as the application of cottage treatment to the immense army of English pauper lunatics. Neither as regards economy of expenditure, nor as regards curative results, is there any ground, at present, for supposing that it could be successfully applied, in this country, to those insane who are chargeable on the rates.

WE have on more than one occasion directed our readers' attention to the importance of army medical organisation in its relation to the aspects of modern warfare. This is an eminently critical, sceptical age. Every institution is being passed through the fire of a fierce discussion, and if its inherent strength be insufficient to protect it during the ordeal, the power of authority will never save it from being cast aside as altogether effete, or from being so reconstructed as to withstand the application of the tests of modern requirements. In England we are complete strangers to scenes of warfare such as have been enacted of late on the grandest scale on the continent and in America. Our insular position has saved us from this experience. The foreign policy of this country has totally changed. We are reducing and consolidating in all directions. Our forces are being gradually withdrawn from the colonies, and before long we may expect the inauguration of a system by which our regular army will be made the small nucleus and controlling centre of a large, powerful, and well-disciplined reserve. The number of men now brought into the field, the rapidity

of modern military manœuvres, and the number and variety of the arms of precision have changed the whole aspect of modern warfare. A rapid succession of battles, or even one great encounter, might put from twenty to forty thousand men *hors de combat*; and it is well for us to ask ourselves the question, whether we should, as a nation, be prepared to meet the exigencies of warfare on such a scale as this, with a reasonable hope of success. What have we learnt about the transport of wounded, the administration of a regular medical staff supplemented by civil aid, and the organisation of hospitals on a scale adequate to the wants of a campaign on the one hand, and adapted to the cure of sick and wounded on the other? These are questions which have recently been discussed in a manner at once so able and frank, by M. LEON LEFORT, secretary of the Surgical Society of Paris, in a series of papers in the *Gazette Hebdomadaire de Médecine*, on the relative excellence of army medical organisations in Great Britain, France, and America, that we make no apology for bringing the subject before our readers. He draws upon three works for his information on the subject. In France, the Report of M. CHENU to the army Conseil de Santé; in England, the History of the British Army in Turkey and the Crimea, presented to Parliament by the Government; in America, Circulars 6 and 7 of the Surgeon-General of the United States' Army, Dr. J. K. BARNES, published by the War Department. During the last ten years, says M. LEFORT, about a million of men have been sacrificed to political passion or the progress of ideas.

But one of the most astounding things brought out by his examination of these statistics is this—viz., the marked superiority of the results of surgical treatment in the American and English armies as compared with those of his own country. The ratios in the three armies show a total mortality, after amputations and disarticulations, in the English of 40·2, in the American of 33·9, and in the French of 72·8 per cent. respectively. In thigh amputations, while the Americans and British lost 64 in 100, the French lost 91·8; and the former lost 26 per cent. of leg amputations, and the French 71·9.

Feeling well assured of the accuracy of these figures, M. LEFORT proceeds to discuss the cause of a contrast which tells so unfavourably against the honour of French surgery. The possession of any superiority of surgical skill of the medical officers of the other armies over that in the French he justly dismisses; but he agrees substantially with M. VELPEAU in thinking that the English and Anglo-American races possess a superior power of vital resistance. His own nation, he hints, being descended from the residuum of a population exhausted by the conscription of the strongest for the supply of the battle-fields of the last century, has suffered from that physical deterioration which follows as a law affecting men and animals alike under similar conditions. Still no difference of race can account for such a divergence in surgical results. He regards the numerical inferiority of medical men and nurses, and the inadequacy of hospital supplies during the Crimean war, as one of the main causes of the greater fatality among the wounded of the French army. At the commencement of the campaign, the French medical staff and hospital equipment had a very marked superiority over the English; but in the course of a few months the *rôles* were inverted: the English medical men were more numerous, and their hospital supplies so unlimited that the French army at the end of the campaign was indebted to the British for succour to its wounded. The consequence of an inadequate supply of medical officers and hospital supplies of all kinds was,—that overcrowding of the wounded ensued, attention to hygiene became neglected, the interval unduly prolonged before amputation was performed after the reception of a wound, and the wounded, as well as those operated on, were removed to distant hospitals, or treated in hastily improvised ones imperfectly supplied. He then contrasts all this with what took place in the English army, and dwells upon the fact that the French medical officers had no voice, as the English had, in the arrangements indispensable to the physical well-being of their soldiers. Happier than the French army, the Americans have no system of military "intendants." The American military surgeons, left to themselves, free to display all their energy, to embrace all opportunities, to profit by their special training, found means to open to the sick and wounded soldiers 205 general hospitals, containing 136,894 beds, and to tend these so that they lost but 33 per cent. of those operated on; whereas the French surgeons, under the tutelage of the military administrative officers, had at their command in the Crimea inadequate hospitals, and supplies which were a mockery, and lost 72 per cent. of the patients operated on.

We may pause here to remark, that the organisation of the American medical service is upon a purely military basis. The Prussians have lately constructed theirs upon a very similar model, but one which is not nearly so advanced. Now, we believe that the reason why the American nation has accorded to its medical staff substantive rank and power is to be found in the fact that, as the Americans have no aristocracy, they had no traditions and no social barriers to overcome. The governing power, political and military, in England and Germany, has been in reality wielded by a section composed of the aristocratic, monied, and influential classes.

We propose to return to this subject; but, in the meantime, our readers may refer to the *New York Medical Record* for an excellent *précis* of M. LEON LEFORT'S papers, to which we are indebted for much information.

AN interesting investigation, having a direct bearing on the predisposing and exciting causes of glaucoma, has recently been made by MM. A. v. HÜPPEL and A. GRÜNHAGEN, who have attempted to determine the influence of the nerves supplying the eye and its muscles on the intraocular pressure. In many cases of glaucoma, especially of the subacute or chronic inflammatory form, the eye, as is well known, becomes so tense that it feels like a billiard-ball, and the pressure exerted on the ciliary nerves is so great that they become incapable of transmitting ordinary sensations from the periphery; so that, although severe pain is experienced in the brow, nose, and adjoining parts, the numbness attains to that degree that the cornea may be touched without being perceived by the patient. Various causes have been assigned for this increase of tension in the globe in

glaucoma. The majority of authors have, with v. GRAEFE, regarded it as an inflammatory affection, and have referred the increased tension to exudation of serous fluid. DONDERS, however, holds that inflammatory symptoms are not a necessary concomitant, but that it is primarily due to irritation of certain vaso-motor nerves, which, acting on the vessels, influences the amount of secretion normally taking place within the eye; on which view the inflammatory symptoms are altogether secondary and accidental phenomena. WEGNER some time ago endeavoured to obtain some definite information on this point, and believed he had shown that irritation of the sympathetic, which produces contraction of the vessels, occasions exaltation of the intraocular pressure. His conclusion, however—which, on the face of it, seems at least doubtful,—is not corroborated by the observations of MM. HÜPPEL and GRÜNHAGEN. The experiments of these gentlemen were chiefly performed on cats, placed under the influence of woorara, and kept alive by artificial respiration: into the eyes of these animals the extremity of a canula, with a mercurial manometer attached, was thrust. The ordinary amount of intraocular pressure was found to be about equal to a column of mercury of from 22 to 24 mm. in height (nearly one inch). They found that irritation of the third nerve only influences the intraocular pressure by causing contraction of the recti and obliquus inferior, but this influence was sufficient to elevate the pressure from 24 to 70–90 mm. Irritation of the branches supplying the sphincter iridis and ciliary muscle exerts no influence. Excitation of the cervical sympathetic is followed by two opposite effects—a primary exaltation of pressure and a secondary diminution. The former effect, which amounts to from 1 to 6 mm., they regard as due to the contraction of the orbital muscle, since it is not observed if the eye be removed from the orbit, or even be gently drawn forwards—nor after death; though in all these instances extreme dilatation of the pupil occurs. Its non-occurrence after death, when the eye is *in situ*, may reasonably be explained by the rapid retirement of the blood from all the vessels, which would counteract the effect of the muscular contraction. They were never able to observe any contraction of the choroid when examined through a small opening in the sclerotic. The secondary action of the sympathetic is sometimes the only one observed, which, effecting a diminution of the intraocular pressure amounting to from 9 to 10 mm., the authors, in opposition to the view of WEGNER, regard as due to the contraction of the ocular vessels. That a close relation does exist between the blood pressure and the intraocular pressure is clearly shown by the immediate subsidence of the latter to the extent of 10 mm. when a ligature was applied to the carotid, and immediate augmentation to the extent of from 30 to 80 mm. when pressure was made on the abdominal aorta.

Hence it would appear that neither the third nerve nor the sympathetic is essentially implicated in the production of glaucoma. On the other hand, several points indicate the participation of the fifth nerve in the development of this disease; for elevation of the pressure was observed on excitation of the medulla oblongata, amounting in one instance to no less than 200 mm. of mercury, or eight times the normal amount; and this condition lasted for a considerable period even after death. The experiment succeeded after instillation of atropine and section of the sympathetic, and in eyes on which iridectomy had been performed. Hence these observers give their adhesion to DONDERS's theory, and regard the essence of glaucoma as attributable to irritation of the fifth nerve, though it affords no explanation of the frequent inflammatory attacks which are concomitant. In conclusion, the authors are unable to furnish any explanation of the curative effects of iridectomy, since the performance of this operation on healthy eyes was not followed by any perceptible diminution of pressure. It should be observed, however, that the experiments in ocular tonometry, recently conducted at Utrecht by Drs. DOB, SNELLEN, and MONNICH, and by Prof. DONDERS, show very different results. These inquirers found that iridectomy was always followed by marked decrease of pressure.

Medical Annotations.

"Ne quid nimis."

PROFESSOR LISTER'S LATEST OBSERVATIONS.

THERE can be but one opinion as to the importance and interest of the observations of Professor Lister on the antiseptic treatment of wounds, or the ligature of arteries on the antiseptic principle. Whether surgeons accept Mr. Lister's conclusions or not, they must admit the candour with which he reports all details of his experiments, and the scientific strictness and severity with which he observes phenomena. His paper last week is far more than a mere contribution to practical surgery. It enlarges our ideas of life, and the extent to which the living tissues may be made to assimilate organic substances. And it is a perfect model of the way in which a practical art may be advanced by sound minute physiological observation. We have been accustomed to regard a ligature as a foreign body, more or less irritating, according to the material of which it consisted, but albeit a foreign body exciting suppuration, and only fit to be roughly removed by the surgeon. Professor Lister's experiments lead us to think of a ligature as capable of being absorbed as dead tissues are absorbed, or encapsuled as a metal bullet might be, or incorporated with the tissue of the artery. In the case in which the carotid artery in the calf was ligatured in two places, in one with strips of peritoneum, and in the other with fine catgut, a month after the operation, the animal having been killed, the ligatures were found to have been transformed into bands of living tissue. "The two pieces of catgut which had been tied round the vessel had become, as it were, fused together into a single fleshy band, inseparably blended with the external coat of the artery." The ligature of peritoneum was in like manner continuous in structure with the arterial wall. The organisation of these ligatures, so evident to the naked eye, was confirmed by microscopical examination of what remained of the ligatures. Only one drop of pus escaped from the wound from first to last.

When we compare Professor Lister's results and conclusions, in regard to the antiseptic principle, with those of other surgeons, it is impossible not to be struck with the difference between them and him. The physiological phenomena described by him are something most unusual: almost entire absence of pus and of signs of inflammatory thickening, and the incorporation of ligatures used with living tissues, are results very different from the coarse and tedious processes of old surgery. But it will be ob-

jected they cannot be obtained by other surgeons. Be it so. All that we can say is that they are obtained by Mr. Lister, and that he attributes them to a refined and scrupulous carrying out of the antiseptic principle. He looks upon suppuration, putrefaction, and all the coarser processes in wounds, as resulting from the presence of organic germs, which he takes most unwonted pains to destroy by carbolic acid in various forms. We could wish that he had repeated his experiment on the calf, with all the conditions alike, excepting the antiseptic precautions. Still it remains true that Professor Lister has obtained results which are as novel as they are beautiful and important, and that he carries out the antiseptic principle in a way in which, as far as our knowledge goes, no other living surgeon or physiologist does, Lemaire not excepted. We commend his paper to the careful study of the profession.

THE NEW MEDICAL DIRECTOR-GENERAL OF THE NAVY.

THE long-expected appointment of Director-General of the Medical Department of the Navy has at length been filled by the appointment of Inspector-General Dr. Armstrong. We, in common with all who take an interest in the welfare of the naval medical service, agree with Mr. Corry, M.P., who, in discussing the naval estimates on Monday last, said "he could not allow the vote for the medical establishment of the navy to pass without congratulating the First Lord on the discrimination he had shown in appointing Inspector-General Armstrong to be Director-General of the Medical Department of the Navy. He felt bound on public grounds to say he believed that this appointment would be conducive to the best interests of the navy."

Consequent upon the promotion of Dr. Armstrong, certain necessary alterations will be made in the Inspectors' list, Sir David Dean, K.C.B., and Dr. George Burn being placed upon the retired list, with an additional good-service pension of £100 per annum; which last boon is, we are happy to learn, about to be extended also to Inspector Dr. John Grant Stewart, who is next in seniority, and who, it will be remembered, lost his appointment at Plymouth last year.

Dr. Armstrong will not enter upon the important duties of his office (which, by the way, is for an indefinite period, and not, like that of his predecessor, for a period of five years) until the 15th instant, when Dr. Bryson, C.B., will finally retire. It will, we hope, be the pleasure of the Government to mark their sense of Dr. Bryson's long services by conferring upon him the honour of Knighthood, after the precedent of his predecessors in office, Sir Wm. Burnett and Sir John Liddell.

THE INDUCTION-COIL AT THE POLYTECHNIC.

WE are pleased to call attention to the enormous induction-coil recently constructed by Mr. Apps, of the Strand, and added to the manifold attractions of the Polytechnic Institution. This monster coil is nine feet ten inches in extreme length, and two feet in diameter. The primary wire is 3770 yards, the secondary wire 150 miles, in length. Its accessories are all on a similar scale. It is worked by a Bunsen's battery of forty cells, each containing a pint of nitric acid, and arranged in groups of five. The condenser contains 750 square feet of surface. The break is an ingenious application by Mr. Apps of a suggestion of Prof. Pepper's; the platinum points of the first break tried having been fused, and a Ruhmkorff hammer having failed in consequence of the alcohol being ejected from the cups and inflamed. When all difficulties were overcome, it was found that the coil would yield a flash of lightning twenty-nine inches in length, and capable of perforating five inches of solid plate glass. Four contacts of the break are sufficient to charge a Leyden battery having forty square feet of surface. A still larger and far more powerful Bunsen's battery is in course of preparation, and also an enormous Leyden battery, composed of thirty wide-mouthed carboys, holding ten gallons each, so that the mere limit of power of the coil has probably not yet been nearly reached. As a matter of course, this formidable engine will allow of a display of the beauties of electricity on a scale never before possible. Vacuum tubes of great size, and luminous phenomena of unparalleled magnificence, will be the attractions of the public display by which the cost of the monster will be repaid. At other times it will be used for the promotion of scientific research, and will probably open the way to considerable discoveries. We hear that Dr. Richardson has already undertaken some physiological experiments by its aid. We strongly urge upon our readers to go and see the coil for themselves, and to send their friends, in order that the directors of the Polytechnic may be encouraged in the enlightened liberality which has induced them to provide an instrument that would be beyond the reach of most private inquirers, and from which science, medical and general, cannot fail to gain. On Wednesday last their Royal Highnesses the Princesses Louise and Beatrice honoured the Institution with a visit, and spent more than an hour in witnessing experiments with the coil. We are informed that Mr. Apps took upon himself all the risks of failure in construction, and that he guarantees the working of the coil for one year. It would be unjust not to pay a tribute to his courage and skill; and we cordially congratulate him on the success with which they have been rewarded. Professor Pepper, too, will have in the new coil an apparatus worthy of his powers of exposition; and to him is to be attributed, we believe, the great merit of the original conception of the monster.

SICKNESS AND MORTALITY IN THE ARTILLERY IN INDIA AS COMPARED WITH OTHER ARMS OF THE SERVICE.

THE question of the relation of disease to the different arms of the service in India is a subject of great interest, and one which has hitherto not received the amount of attention it merits. The Commander-in-Chief in India, in considering the health returns of the army, was much struck with the apparently greater prevalence of disease in the Artillery than in the Infantry or Cavalry serving in India. It appears that Sir W. Mansfield had frequently discussed the point with Dr. Beatson, the late medical head of the British forces; and as the matter was one of much importance, Sir Wm. Mansfield issued instructions some months ago that a thorough investigation should take place. Voluminous reports have been received and examined, and the subject has, moreover, obtained the consideration of Dr. Muir, C.B., and the Sanitary Commissioner. Dr. Muir points out that 1867 was an exceptional year on account of the presence of epidemic cholera, from which the Royal Artillery enjoyed a comparative immunity. On an extended comparison of the relative sickness and mortality among the different arms of the service, it appears that the average annual admissions per 1000 for the five years from 1863 to 1867 were—Artillery, 1901; Cavalry, 1370; Infantry, 1488. The relative death-rate for the same period was—Artillery, 28·35; Cavalry, 17·31; Infantry, 25·26. The Artillery have therefore a higher rate of sickness and mortality. Several causes have been alleged for this phenomenon, which cannot yet be said ty have been fully elucidated. The disparity cannot be accounted for by a reference to the different ages of the men, nor to any

difference in the proportion of married men in the three branches of the service. The Cavalry occupy few stations, and these, as a rule, are so healthy that it is scarcely fair to institute a comparison between them and the Infantry or Artillery, which may be said to occupy very much the same stations, and to be exposed to the same climatic influences. The exposure at stable duty and the want of suitable clothing, on the part of the Artillery, have probably exercised some influence; and serge clothing has been already sanctioned, and proper stabling is being provided. The chief cause, according to the testimony of all the officers consulted, is to be attributed to the far more arduous duties performed by the artilleryman. Night work in particular, and especially frequent nights on guard, are a most fruitful source of tropical disease; and heavy duties may force a man into hospital who would not otherwise seek admission. That this is in a great measure the explanation of the high sick-rate would seem to be confirmed by the fact that the excess ratio of admissions among the Artillery, compared with the other arms, is very much greater than the excess ratio of deaths. An analysis of the figures, moreover, shows that many artillerymen were admitted for trifling ailments, such as slight accidents, which in the case of infantrymen would not have come under treatment. Intemperance is likewise alleged by some officers to prevail to a greater extent among the men of the Royal Artillery, but Dr. Muir is in possession of no data by which to judge of its correctness. He promises, when the current duties of his office are less pressing, to institute any inquiry commensurate with the interest and importance of the subject.

DR. WATTERS'S CHARGE OF PLAGIARISM AGAINST DR. CARPENTER.

WE are never inclined to be hard on that numerous class of scientific writers—the men with grievances. It must be allowed that there is something singularly attractive in the prospect of a reputation for original discovery in science, and something correspondingly disagreeable in finding that the world generally attributes discoveries, which we fancied our own, to someone else. The complaints of men who think themselves thus robbed are natural enough, even when they are unfounded. But in the latter case they frequently become a public nuisance, and a certain degree of pertinacity on the part of those who urge them is apt to excite an uncontrollable desire in the minds of impartial persons to get rid of the grievance and the grievance-monger by the most summary means available.

We are not going to enter into the controversy in which Dr. Watters, of America, tries to fasten on Dr. Carpenter the theft of his "doctrines of life." We have already expressed the opinion—and we cannot help repeating it with some indignation—that a scientific man of Dr. Carpenter's long-established reputation, both for original research and for personal probity, ought not to be subjected to an accusation of this kind, except on the most stringent proofs advanced against him; and it is with surprise, as well as with regret, that we observe the disposition of some of our American medical contemporaries to support a charge which appears to us extravagant and unjustifiable. Ever since the year 1850 Dr. Carpenter has been steadily developing a doctrine of vital action which, right or wrong, is throughout consistent. Dr. Watters makes the extraordinary mistake of supposing that a doctrine which was many years older than this date, and which Dr. Carpenter never claimed for himself at all,—viz., that vital motor force is reciprocal with decay—was discovered by him (Dr. Watters) in 1851; and we must be pardoned for saying that such a mistake is sufficient to put its author out of court in any argument respecting the "doctrines of life." Dr. Watters also takes credit for originating the idea that the function of the germ, and subsequently of the organism, is to determine the *direction* in which the forces originated by tissue-change shall act; but this is a mere necessary complement of the doctrine of force-making tissue-change. Finally, he appears unable to understand either the doctrine of correlation of physical forces, or Dr. Carpenter's application of it to vital phenomena; at least, if this be not the case, he has expressed himself in the most unhappily confused language in those specimens of his writing which we have seen.

We do not at all desire to underrate Dr. Watters's own merits however, and it would appear that a really distinguished American writer, Professor Le Conte, to whom Dr. Carpenter has freely expressed his own obligation for the original idea of a certain portion of his speculations, thinks highly of Dr. Watters's work. But it is not quite tolerable that Dr. Watters should now assert that a bundle of papers which he, a perfect stranger, sent to Dr. Carpenter some seventeen years ago, after Dr. Carpenter had already published the groundwork of all his future writings on the doctrines of life, and which probably found their way instantaneously to the waste-basket, were surreptitiously converted to his own uses by the distinguished English physiologist. The charge is a serious offence against good manners and good feeling, and we hope Dr. Watters will have the grace to retract it.

THE EDINBURGH ASSOCIATION FOR IMPROVING THE CONDITION OF THE POOR.

THE annual meeting of this Society was held on Monday last. Lord Ardmillan, on the motion of the Earl of Southesk, took the chair, and the meeting was large and influential. A goodly number of medical men were present, including Dr. Bremner, Dr. Alexander Wood, Dr. Buchanan, Dr. Moir, Dr. Millar, Dr. R. P. Ritchie, Dr. Handyside, Dr. Littlejohn, Dr. Burn Murdock, Dr. Balfour, Dr. Pringle. We may take this as a sign that the urgent questions touching the best means of preventing pauperism, and reducing the amount of it which already exists, will have the consideration of members of our profession in Edinburgh as in London. Dr. Alexander Wood was appointed Chairman of the Committee of Management. The objects of the Association were very ably stated in the report read by the Rev. Dr. Hanna, and may be summarised as including the education of the young, the suppression of beggary, the promoting of sanitary improvements, the finding of work for the unemployed, and assistance to the struggling, the suffering, and the destitute. As Dr. Alexander Wood well said, their aim was to look at what were the springs of pauperism, and to attempt to deal with these. The peculiar object of the Society is to ascertain the first drifting away of decent people from feelings of self-respect owing to the pressure of circumstances, and by kindness and timely help to bring them back to these feelings. The Society works through a large corps of observation, numbering 1227 ladies and gentlemen. Special visitors are appointed to prevent imposture on the more inexperienced workers, and to give counsel and direction where material help has to be given. The Association does not contemplate the relief of actual paupers, though in some cases where Poor-law relief has been inadequate, it has made application for an increase, and its applications have always been courteously entertained.

We wish the Association every success. It is worthy of the catholic support of all Christians. Judging from the report of this annual meeting, it shrewdly perceives the deep causes of pauperism, distinguishing between unfortu-

nate and criminal poverty, and knows how to help the poor without demoralising them. It is by identification with such associations, combining the highest benevolence with acute intelligence and close observation, that the social problems affecting the poor are to be solved, and that humane men can harmonise their sense of duty to do something with their fear of doing that which is injurious or injudicious.

UNIVERSITY COLLEGE HOSPITAL.

IT will perhaps be remembered that this hospital lately received, under the will of Mr. Robinson, a bequest of some £15,000 for the special purpose of assisting convalescents and the like, after recovery from the immediate sickness which led to their admission into hospital. In a Report just published, the Committee of University College Hospital give a very gratifying report of the mode in which this and other monies which go to form the Samaritan Fund have been expended during the last year. A scheme for the administration of the Robinson Fund, approved by the Court of Chancery, came into operation in June last. Eight beds were engaged at Eastbourne, and twenty-seven patients sent thither with great benefit. The "Yates" portion of the Samaritan Fund of the hospital has been expended in money grants to the destitute; in the bestowal on the poor of surgical and other appliances, including a large number of trusses, stockings, instruments for spinal defects and club-foot; in contributions to convalescent institutions, 72 patients having been sent to Eastbourne, 74 to Walton, 2 to Bath, and 1 to Margate, making a total of 149; in subscriptions to the invalids' dinner-table, orders having been given by the medical officers to the poor for more than six thousand dinners during the twelvemonth; in the provision of a nurse in the maternity department, whose duty it is to attend to patients out of hospital, at their own homes, under the direction of the physician-accoucheur; and, lastly, in the supply of new milk to sickly and semi-starved children.

THE ARMY MEDICAL SCHOOL.

THE session commenced at Netley on the 1st inst. Professor Maclean delivered the introductory lecture. There were present twenty candidates for the Indian medical service, but none for the British. Instead of placing six surgeons and twenty-one assistant-surgeons on half-pay, the Secretary for War, with wise liberality, has, on the advice of the Director-General, sent them to Netley to go through the course of special instruction. At the end of the course the assistant-surgeons will undergo an examination on the work done there, which the authorities will accept in lieu of the usual pass examination for promotion. Professor Maclean, having explained this in his introductory lecture, and given a full exposition of the nature of the course, went on to show that at no medical school in this kingdom is general and special hygiene taught as it is at Netley. He insisted much on the fact that military surgeons in modern times, without a knowledge of this science, have really no professional status at all; and touched on the fact that in past times it was a complaint amongst military surgeons that their advice on sanitary matters had been too much disregarded. He admitted that this was often very prejudicial to the public interests, but also that something was to be said on the other side, for not unfrequently the advice tendered was crude, ill-digested, and based only on half-facts. It did not follow, because a man happened to be a physician, that he was *ipso facto* a safe adviser on sanitary questions involving a great expenditure of money. The lecturer adduced some examples in illustration, all tending to show that to speak with knowledge and authority on such questions special training is essential. He likewise pointed out the splendid results that have already followed even the partial application of hygiene to military life in India.

PROFESSOR SYME.

WE exceedingly regret to learn, by telegram, that Professor Syme has had an attack of paralysis of the left side. He was seized on Tuesday forenoon in his consulting-room. The attack was not of a severe character, and strong hopes are entertained of a complete recovery.

FOUR POUNDS REWARD!

ALL medical practitioners who have qualified for the pursuit of their arduous and honourable profession are invited to entertain the following proposal of the Guardians of Morpeth Union. District No. 7 of the above Union, comprising the townships of Hartburn, High and Low Angerton, and East and West Thornton, is in want of a medical officer, who shall bestow his undivided attention on the care and cure of the sick. He must be duly qualified; in other words, he must have possessed himself of a diploma to practise at the cost of several hundred pounds. No restriction is announced as to his being married or single; but, we presume, the head of a family, who has given what Bacon calls "hostages to fortune," in the shape of children, would, as guaranteeing respectability, be preferred. Applications for this onerous post must be sent in without delay,—in fact, the numerous candidates have no time to lose, as the Guardians will proceed to make the appointment on the 14th instant. It may stimulate the dispatch with which their applications will be lodged if we add that the salary attached to the post is *four pounds per annum!*

THE QUEEN AT ST. BARTHOLOMEW'S HOSPITAL.

HER MAJESTY'S visit, on Tuesday last, to St. Bartholomew's Hospital gave general satisfaction, the patients especially deriving much pleasure from the solicitude displayed by the Queen and the Princess Louise in their ailments. The six accident wards, as well as Abernethy and Lucas wards, the kitchen, and the operating theatre were visited; the treasurer, Mr. Foster White, and many of the medical staff being in attendance to render explanations. Mr. Paget was present, having recovered, we are happy to say, from his recent indisposition. We understand that Her Majesty was frequent in her questions respecting the nature of the various ailments, displaying at the same time an intelligent appreciation of the subject, as well as kindly sympathy with the patients. In the committee-room the portrait of the late Dr. Baly, by Prescott Knight, which was presented to the Governors by the pupils in 1863, attracted the Queen's attention, and she looked at it for some time. The great hall, with its approaches, has been lately under repair and redecoration, and workmen are, in fact, still engaged upon the staircase; but, by great energy on the part of the treasurer, matters were so arranged in the course of a couple of hours, that the Queen was able to inspect this most interesting portion of the hospital. Hogarth's two pictures, "Christ Healing the Sick" and "The Good Samaritan," which were painted by him for the staircase, have been cleaned, and are now seen to great advantage. The figures of the sick in the first of these pictures are of especial interest, various phases of disease being clearly traceable in them, and affording an unusually good example of the artist's characteristic truth and force.

FEVER IN DORKING.

DORKING is situated in one of the most favoured spots of Surrey. The town and neighbourhood have long been resorts much affected by London health-seekers during the finer seasons of the year. The beauty and reputed healthiness of the locality have appealed equally to the sick and the well in their annual migrations from the smoke-polluted metropolis. Latterly, however, rumours have been prevalent that the town of Dorking is fever-stricken, and lengthy reports in the local journals of meetings called to consider the water-supply, and the need for the application of the Act for Local Government to the town, have strengthened the rumours. Now, however, all doubt is at an end, for we learn from the *County Times* that an inquiry into the existence of fever in Dorking has been instituted by the Privy Council, and that Mr. Simon, in the name of the Council, has taken the local authorities sharply to task. It would appear from the report of the Council's inspector, that the water-supply of the town is very unsatisfactory; that the portion which is supplied by the water-brooks is not only scanty, and delivered without filtration, but is also stored in dangerous proximity to sewage. Again, the inspector reports that the sewage of Dorking is urgently in need of improvement; that in parts of the town where there are no sewers, the filth is detained in cesspools close to houses, while in other parts the drains are so defectively constructed as to let sewer-air pass into the houses. To the defective sanitary arrangements referred to Mr. Simon attributes the prevalence of fever; and he hopes that the vestry will immediately begin to take measures for putting the drainage and water-supply of the town on a permanently improved footing, and, till such measures can be completed, will, under the Sanitary Act, do all that may be necessary to prevent any nuisance or danger to health from drains, water-closets, privies, and ashpits.

It is to be regretted that just as the spring approaches, and Londoners begin to long for the country, so charming a resort as Dorking and its neighbourhood should be shut out from the prudent by the prevalence of fever under the conditions reported—conditions from which the visitor cannot defend himself. The welfare of the town depends so much upon its sanitary state, that unless its reputation be shortly purged from the evil which now attaches to it, the inhabitants must be prepared to suffer as largely in purse as they now suffer in health.

THE CONTAGIOUS DISEASES ACT.

WE are informed that the beneficial effect of the new Contagious Diseases Hospital established at Colchester, in preventing the spread of these affections among the military population, continues to be very marked. At the hospital of the Depôt Battalion recently, there was not a single patient suffering from this class of diseases. We very much regret to find that an attempt has lately been made by some persons to revive the objections to these establishments on religious grounds. Happily, however, such efforts are likely to prove futile, for individuals belonging to every creed seem to be now agreed that it is a philanthropic measure quite in accordance with the spirit of the teaching of the Founder of the Christian faith. We regret that our space will not allow of our extracting the opinion which Mr. Lecky—one of the ablest thinkers and most eloquent writers of the present age—has expressed on this very subject in his new and interesting "History of European Morals from Augustine to Charlemagne." We would commend the passages to the thoughtful attention of those who may feel any moral or religious objection to the application of legislation to this subject.

THE WITHDRAWAL OF THE AFRICAN SQUADRON.

IN our efforts to abolish slavery we have managed to extinguish a considerable number of lives and sink a great deal of money. Happily, wiser counsels have at last prevailed, and officers and men are no longer to be sent to the African coast to die in those unhealthy regions, or return as invalids to this country, broken alike in health and spirits, and bearing in their bodies, it may be, the seeds of premature decay. It has been our fortune to trace periodically for many years, in departmental blue-books and reports, the dreadful cost to life and health at which we were holding those African stations; and as we look back on the gloomy chapter which has now closed, we may perceive how much England can sacrifice for a principle—namely, the repression of the slave trade. It is said to be the boast of France that she is the only nation possessed of political sympathy with other nations and of military enthusiasm sufficient to go to war for an idea; and she probably owes much of her power and influence to this spirit. Among the few recorded acts of national unselfishness we may fairly class our attempts to abolish the slave trade. Much as we may admire, however, the object for which we equipped and maintained a naval force in African waters, we can scarcely fail to look back on it as involving a terrible sacrifice, if not a huge political blunder.

A NEW ELEMENT IN A BOARD OF GUARDIANS.

MISS BURDETT COUTTS is a courageous as well as a disinterested woman. The extent of her charities has long been proverbial. She has started as a candidate for the office of guardian in Bethnal-green. Of her philanthropic spirit there can be little doubt, and she is credited with being the possessor of business talents. While we express no opinion on the general question of the occupation of ladies in parochial duties of an official kind, we can have no hesitation in saying that our Boards of Guardians would be vastly improved by the infusion into them of an element of this kind. It has always been a matter of regret to us that influential persons, with social position and education, should so commonly stand aloof from the duties connected with the government and administration of parochial matters.

BABY-FARMING.

IT is high time, we think, that the system of baby-farming should be removed from the simple operation of the laws of supply and demand, and placed under some kind of authorised supervision and control. The daily papers have recently contained an account of the proceedings at an establishment at Bow; and it is worth while to reproduce the shortest published account of the inquest by which Mrs. Savill and her arrangements have obtained a brief notoriety. We read:—

"An investigation was made by Mr. Richards, at The Lord Campbell Tavern, Campbell-road, Bow, respecting the death of Frederick Wood, aged two years and three months.

"The proceedings attracted considerable interest in the neighbourhood, for it was known that out of eleven children that had resided at the baby farm five had died.

"Miss Annie Wood, 4, Nilein's-street, Hoxton, said that she was twenty-three years of age. She was the daughter of a shopkeeper. The deceased was a sickly child, and ten months ago witness took it to Mrs. Caroline Savill, of 24, Swayton-road, Bow. She paid her 4s. 6d. per week to take care of the child. She thought her child was thoroughly attended to, but she had not seen it for five weeks.

"Caroline Savill, 24, Swayton-road, Bow, said that she

was the wife of an 'agricultural manufacturer's porter,' in the City. The deceased had been with her ten months. She put it to bed at nine o'clock on Saturday night, and at half-past eight o'clock on Sunday morning it was dead.

"By the Coroner.—When witness was taking the deceased up to bed last October, she slipped on the stairs and fell upon the child. She was quite certain she was sober. It was a pair of old boots that caused the accident. She had eleven babies to keep at Bow.

"By a Juror.—The pay ceases when a child dies.

"Mr. Edwards.—Is your house a baby farm?

"Witness.—I must leave that to the generosity of the jury.

"By a Juror.—The deceased was lying in an egg-box, with a little straw for a bed.

"Witness.—The child put its legs in its stomach. The end of the egg-box was out.

"A Juror.—The egg-box was a short one, and was sixteen inches wide. The child could not turn in it.

"By a Juror.—Witness never tied the child's legs together. She never discovered that the child's thigh was broken until the morning after she fell upon it. He cried, but she put him to bed. He fell upon the edge of the stairs, and her weight was upon him. She sent for a doctor next day.

"Dr. Atkins proved that death was the result of natural causes, and was not accelerated by the breaking of the thigh, or by neglect.

"The jury returned a verdict of 'Death from Natural Causes,' and they wished to append a censure; but the coroner said he could not place it on record."

In default of precise information about the cause of death, it is difficult to form any opinion upon the medical evidence; but the statement that the death of a "sickly child" was "not accelerated" by a fracture of the thigh, appears to us to be a somewhat bold one. As regards the neglect, too, there is no evidence to show whether the child was generally neglected or not; but there is certainly too much reason to fear that it must have been. The bed in the egg-box, and the fracture undiscovered until morning, do not indicate any very tender care.

VACCINATION AT HANLEY.

"A GOOD MAN struggling with adversity" has long been known as an eminently edifying spectacle; and an administrator of the law, sternly striving against his sympathies, and giving decisions in accordance with Acts of Parliament, is in like manner entitled to admiration. Such a one is Mr. J. E. Davis, of Hanley, before whom Mr. Thomas Gilman, of the same place, has recently been summoned for neglecting the vaccination of his child. The defendant is, it seems, a member of the Board of Guardians; and his colleagues, intending to prosecute in other cases, felt that they were bound first to make an example of him. The formal evidence having been given, Mr. Gilman ingeniously maintained that the Vaccination Act was not compulsory, because it provided for the existence of some "reasonable excuse;" and he advanced, as such an excuse, his personal objections to vaccination, and his personal belief in its injurious influence. On this subject he was allowed (magisterial time must be of little value at Hanley) to give utterance to three-fourths of a column of the small type of the *Staffordshire Sentinel*, full of nonsense more blatant, if possible, than the average compositions of the self-styled Anti-Vaccinators. The magistrate, on his part, "paid great attention to all that Mr. Gilman had said;" and pronounced that his "reasonable excuse" was not the sort of excuse contemplated by Parliament. He then proceeded to argue at great length, and with much feebleness, about the harmlessness or efficacy of vaccination; and wound up his discourse by saying that he "could well understand that the reasons adduced by Mr. Gilman have sufficient weight with him to prevent him from submitting his dearly-loved child to the operation." He then inflicted the full fine, and the proceedings terminated.

We hope, however, that the case will not be allowed to rest here; but that the proper officer will serve Mr. Gilman with repeated notices, and fine him again and again as long as he continues contumacious. It will never do to allow the law to be set at defiance by a member of the Board of Guardians; and the defendant ought, indeed, to retire from that position. As a guardian, it is part of his duty to enforce the law against which he rebels; and the two positions are wholly irreconcilable with each other. We would suggest, further, that it would be a judicious expenditure of public money to supply copies of Dr. Seaton's "Handbook of Vaccination" for the use of guardians, magistrates, and registrars. The prejudices against the practice are largely due to want of knowledge of the most undoubted facts; and at present the truth suffers as much from feeble defence as it does from ignorant opposition.

THE BLACKROCK CONVALESCENT HOSPITAL.

FEW appeals deserve a more hearty response than that made by Miss Catherine Marsh in behalf of her convalescent home. The benefits conferred by the institution are not less appreciable by the physician than by the philanthropist—as was signally attested after the cholera epidemic of 1866. Such hospitals as those of Mrs. Gladstone and Miss Marsh are now acknowledged to be an indispensable adjunct of medical treatment, particularly in the case of poor patients whose uncomfortable and squalid dwellings so often undo the benefits experienced in the infirmary wards. During the cholera visitation of 1866 no fewer than seventy orphan children were admitted into Miss Marsh's hospital: all of them enjoyed advantages they would never have known in their unaided predicament; while eight of them have been fitted for self-sustaining industry, and are now filling excellent situations. Their employers confirm by periodical testimonials the favourable opinion entertained of them by their benefactresses, who now appeal for funds to confer a similar benefit on the orphans still under their charge. The profession is deeply interested in the success of such institutions, as their example will tend to the establishment of others on the same plan through the kingdom. We trust, therefore, that all medical practitioners will lend their assistance in procuring support and encouragement for such charities as the Blackrock Hospital, and so give additional proof that the cause of philanthropy and of enlightened medicine are one.

THE PROPOSED ABSORPTION OF THE PARISH OF NEWINGTON.

THE guardians of St. Mary's, Newington, have made a strong, but vain, attempt to induce Mr. Goschen to relinquish the plan by which their parish will be united with St. Saviour's and St. George's, Southwark. A deputation which urged this request in an interview with the President of the Poor-law Board, on Wednesday last, attempted to show that the proposed alteration would not be in the interests of economy. But Mr. Goschen answered them conclusively on this point, remarking that Newington parish, if left alone, would be obliged immediately to build an infirmary for 300 patients, instead of taking its third share in a common infirmary for 600 for the three combined parishes; besides which there would be great saving in the employment of one staff of officials, instead of three. Mr. Goschen may or may not be right in all his projects of Poor-law reform, but he certainly has the merit of seeing clearly what he means to do, and sticking to his purpose.

THE HOSPITALS AND THE POLICE.

THE attention of the Surgeon-in-Chief of the Metropolitan Police having been called to the fact that policemen frequently present themselves for treatment at the metropolitan hospitals for diseases of venereal origin, on the plea that they are liable to suspension and dismissal from the force if they apply to their divisional surgeons for treatment, a circular has been issued by Colonel Henderson to the several hospitals, requesting that policemen should not be treated unless presenting a recommendation from the police authorities. We learn, on inquiry, that though dismissal by no means of necessity follows complaint of venereal disease, yet that suspension of pay does, if the policeman is unable from this cause to do duty. It is, of course, open to a policeman to obtain advice by payment, like any private individual; but it appears to us desirable that the police-surgeons should treat affections of this character as much as other diseases incidental to the force. Whilst we fully approve of the non-application of policemen to charitable institutions, it appears to us hard that they should have no other provision open to them. The question of admission of policemen to charitable institutions *by order* of their superior officer opens a very wide question, which we shall discuss at a future opportunity.

A NOVEL APPLICATION OF DRY EARTH.

FROM a communication to the *New York Evening Post* we learn that at the time of the introduction of an earth-closet into the surgical ward of the Pennsylvania Hospital for trial, there was a patient present suffering from a severe compound fracture of the leg, the wound of which was in a very unhealthy condition, discharging profusely, and producing an offensive smell, which was not wholly obviated by free ventilation of the ward, and the use of disinfectants. It occurred to Dr. Hewson to try the deodorising and absorbent effects of dry earth. The results are said to have been extremely good; the smell was entirely removed, and the wound itself assumed a far more favourable aspect. The idea seems a plausible one; but we give the account for what it is worth. It serves to illustrate, if true, one of the marked features of the dry-earth system—viz., the power to arrest offensive odours by the direct application of dry earth to their source, instead of acting on the whole volume of vitiated air by means of aërial disinfectants.

GALL-STONES.

A COMMITTEE recently appointed by the Medical Society of London to investigate the subject of Biliary Concretions, have drawn up a series of interrogatories for general circulation as follows, and is anxious to receive information in reply thereto:—

"1. Do you consider the formation of biliary concretions to be influenced in any way by age, sex, hereditary tendency, mental conditions, food, climate, and the like?

"2. Is the natural formation of a biliary concretion to be detected by the manifestation of any peculiar symptoms of dyspepsia?

"3. Do you consider it possible to determine symptoms of the presence of biliary concretions in the gall bladder, or the ducts of the liver?

"4. Can you narrate any cases of (a) biliary fistula, (b) communication between the biliary passages and other internal organs?

"5. What plan of treatment have you found efficacious for the general dyscrasia, and the relief of pain during the passage of biliary concretions?"

The Committee also suggest that as many specimens as possible, as well as reports of cases, may be forwarded. The reporter is Dr. Day. The Committee should be able to gather together materials for a valuable clinical history of gall-stones.

RECOVERY FROM ASPHYXIA BY THE MARSHALL HALL METHOD.

WE direct attention to a case reported in our columns last week by Mr. Jessop, of Leeds, in which the Marshall Hall Method availed for the restoration of respiration one hour and three quarters after the patient, a subject of goitre, was supposed to have died. The only indication of life—an important one, it must be admitted—was slight fluttering of the heart at intervals of many minutes. At the expiration of the above period a distinct and convulsive inspiration was observed; in from forty to sixty seconds another followed, and subsequently breathing became established by slow degrees, and with it pulsation at the heart and wrist. The patient remained unconscious for two days. Mr. Jessop on reaching the patient, who was laid out as dead, opened the trachea, and his assistants practised artificial respiration by the Marshall Hall Method for about two hours. It is difficult to exaggerate the importance of this case. It confirms the high practical value of the Ready Method, and, with others of a similar kind, it teaches us that we must reconsider our ideas as to the time after which suspended respiration may be restored. The case is not more interesting practically than it is physiologically.

THE VOLUNTEER REVIEW.

AT least one death, we regret to hear, has resulted from the exposure to tempestuous weather of the volunteers who went to Dover on Easter Monday. An officer of one of the metropolitan corps, who was previously in good health, was attacked by erysipelas of the face on the following day, and unfortunately succumbed after two days' illness. What adds to the melancholy interest of the case is the fact that the gentleman in question was to have been married within the next few days, and that every preparation for the event had been made.

WALSALL COTTAGE HOSPITAL.

THE Annual Meeting of the subscribers to this institution was held on Monday week. The income of the year exceeded the expenditure by £156; but on the Building Fund account a balance of £735 remains due to the Treasurer, and this deficiency it was determined that a vigorous effort should be made to supply. A strong opinion was expressed that the means afforded by the hospital for training nurses for the sick poor should be taken advantage of at the earliest opportunity; and the cordial thanks of the meeting were unanimously voted to the medical officers for their valuable services.

THE NEWCASTLE-ON-TYNE INFIRMARY.

WE lately gave the principal points of the recommendations of the House Committee as to the changes necessary to increase the efficiency of the Infirmary. We omitted to notice the recommendation of sundry alterations in the structure and arrangements of the Infirmary, to cost £2000, and to say that the Medical Board recommended that they should have the appointment of the house-surgeons. The annual meeting of the governors was held on the 1st inst., when the Report of the Committee was discussed and altered in various ways. The word "lady" prefixed to superintendent was struck out; it was agreed that four assistant-surgeons be appointed instead of two, and that the two house-surgeons be elected by the Governors, and their term of office be two years, with eligibility for re-election.

It was resolved that the four assistant-surgeons be for seven years each; and the dietary and the dresses of the nurses were left to the House Committee. It was further resolved that the sum spent on the new buildings be confined to £2000; the staircase not to be built. In connexion with this question, Mr. Hamond took occasion to say there had not been any *bonâ fide* gangrene in the hospital: it had been imported.

We approve of the increase in the number of assistant-surgeons. We can only hope that the changes indicated, while they will certainly increase the expenses, will at the same time increase the efficiency of this Infirmary. The period of the tenure of office by the chief honorary officers does not seem to have been lengthened.

RATHER COOL.

AT a time when the profession is growing more and more keenly alive to the hardship which the enormous amount of gratuitous work which it performs entails upon its members, and when it is showing signs of a steady resistance to further inroads upon its time and energy, it is not a little amusing to find a special hospital developing an amount of assurance which is rather novel. The Chairman of the Board of Governors of the Lock Hospital and Asylum is sending circulars to numerous medical men, acquainting them that the Duke of Cambridge is going to take the chair at a dinner to be held on the 11th of May, and asking them either to become stewards, or to give a donation to the funds of the hospital. A dinner ticket is enclosed, which "if not used," says the chairman, "I shall be obliged by your returning."

Why the medical profession, of all the community, should be called upon to support a hospital for venereal disorders, we cannot conceive. If this notion of our duties continues to obtain, we suppose that in time the public will expect to *receive* fees for the honour done to medical men in consulting them!

MIDDLESEX HOSPITAL.

MR. SHAW, the senior surgeon and lecturer on surgery at the Middlesex Hospital, has sent in his resignation; and a special Court will be held next week for its reception. In his retirement, after thirty-three years' tenure of office, Mr. Shaw will carry with him, we are sure, the respect and good wishes of all those who have had experience of his ability and never varying courtesy. There can be no doubt that Mr. Hulke, at present the senior assistant-surgeon, will succeed to the vacancy in the surgical staff which Mr. Shaw's resignation will occasion.

NETLEY HOSPITAL.

THE lunatic establishment for soldiers which has been for many years at Fort Pitt, Chatham, is shortly to be broken up, and patients afflicted with insanity will henceforth be treated at Netley Hospital, under the professional care of Staff Surgeon-Major Blatherwick. This arrangement will give the young assistant-surgeons studying at Netley the opportunity of acquiring a knowledge of mental disease, both real and feigned; and will also have the advantage of providing an asylum for cases of lunacy sent home from abroad with invalided troops.

IMPORTANT ACTION AGAINST A MEDICAL MAN.

A CASE involving the question whether a surgeon is justified in conducting an examination of a patient at the request of the police, even with the consent of the patient, should any pressure be brought to bear upon the latter, will be tried at Hitchin, on the 19th of May next, having been postponed at a court recently held. The facts are briefly these. An infant, newly born, was deposited at Hitchin on November 2nd, under the doorway of the Infirmary. Suspicion fell upon a certain woman and her daughter; and the police inspector took with him a medical practitioner, explained the necessity for an examination, and retired. The medical man made the examination, and with the result of finding not a particle of evidence in support of the suspicion which had fastened upon the mother and daughter. In order fully to vindicate her character, and that of her daughter, Mrs. —— has brought an action against the inspector and doctor for trespass and assault. The trial, as before observed, has been postponed.

EPSOM COLLEGE.

WE understand that scarlet fever has lately prevailed at Epsom College. About six weeks since, a mild case of the disease occurred, and was shortly followed by five more of an equally mild character. The Easter holidays were then near, and it was thought advisable to give the parents of the boys an option of removing them, which was very generally accepted. Considering that the fever was of so mild a nature, that the situation of the College is peculiarly open and airy, and that the rooms have been most carefully and thoroughly cleansed and disinfected, there is reason to anticipate that no further attack will take place.

ALLEGED INCREASE OF LUNACY.

IT would be satisfactory to have more details with reference to the asserted rapid increase of lunacy in South Yorkshire. At the West Riding Quarter Sessions on Monday last it was decided to raise the sum of £20,000 for providing an increase in the accommodation for lunatics, and it seems that whereas thirty-five patients formerly represented the yearly increase of lunatics, the number had risen to seventy-two in 1867, and to 116 in 1869. Dr. Browne, the medical superintendent of the pauper lunatic asylum of the district, reports, moreover, that these latter figures do not represent accurately the growth of insanity, since many individuals fit for reception have been refused admission, and this notwithstanding that additional accommodation for 190 patients was provided during the past year. Overcrowding even is spoken of by the Commissioners.

MEDICAL BENEVOLENT FUND.

THE sum of £140 was granted by the Committee of the Medical Benevolent Fund at their meeting on the last Tuesday in March: this was among sixteen applicants, and included £25 promised conditionally at previous meetings. A legacy of £100, duty free, from the late Joseph Hodgson, F.R.S., and one of £500 11s. 11*d.*, duty free, from the late Miss Terrett, were reported: these, in accordance with the laws, are added to the annuity fund, and are invested in Government securities. Cases of temporary distress receive relief from the donation and subscription fund: to this the hon. secretary reported a further contribution from Dr. Burrows, F.R.S., of £10 10s., and from Miss Abernethy of £5 5s.

A CONFERENCE of the Geneva Convention for rendering aid to the sick and wounded in war, will be held at Berlin from the 22nd to the 27th inst. We understand that Professor Longmore will attend on behalf of the English Government. The place of meeting is the Palace of the Chamber of Representatives, Leipzizer Strasse, 75.

WE call attention to an important letter from Dr. Rogers, received just as we were going to press, on the subject of Poor-law medical relief in the town of Birmingham.

DR. ROSE, of Kidderminster, has called attention to the necessity of providing a suitable public mortuary for that town, the want of such a place having been especially felt during the period of high mortality which has prevailed.

MR. W. RENDLE, M.R.C.S., formerly officer of health for St. George's, Southwark, and until lately a member of the vestry of that parish, has retired therefrom. We regret that Mr. Rendle has become so disheartened by the want of support from his colleagues in reference to sanitary matters as to induce him to take this step, which we shall be glad to learn may yet be retraced.

THE quarterly meeting of the Council of the College of Surgeons is to be held on Friday (this day), when the report of the Committee on the Midwifery Course will be received.

WE understand that a few cases of cholera have lately made their appearance on the line between Bombay and Mhow, and also in the neighbourhood of Belgaum, and that the march to Mhow of the 6th Brigade Royal Artillery, recently arrived in India from Portsmouth, was delayed in consequence.

DR. TILBURY FOX was appointed by the Council of the Medical Society of London, on the 2nd instant, to deliver the Lettsomian lectures during the session 1869-70.

DR. C. J. B. ALDIS has presented to the museum of St. George's Hospital a series of valuable pathological specimens, which amount in all to about a hundred.

THE new Government Lock Hospital at Chatham, situate on the Maidstone road, will consist of an entrance building or examining department; two ward buildings, with nurses' rooms attached thereto; a segregation building, and special kitchen and laundry departments. Each ward building will contain two wards for twenty beds each, with necessary conveniences, in the way of baths and the like. The segregation building is to have one ward with six beds in it, and two single-bed wards in addition. The whole six buildings will communicate by a corridor, running from the entrance to the laundry.

THE sewage question at Leamington has at length been brought to a solution by the acceptance of an offer of the Earl of Warwick to take the whole of the sewage of the town, and dispose of it by irrigation, for the next thirty years, on payment of an annual charge of £450.

THE usual Monthly Meeting of the Metropolitan Association of Medical Officers of Health will be held on Saturday, the 17th inst., at 7.30 P.M., at the Scottish Corporation Hall, Crane-court, Fleet-street, when a paper will be read by Dr. Letheby, "On the methods of estimating nitrogenous matters in potable waters; and on the value of the expression 'previous sewage contamination,' as used by the Registrar-General in his Monthly Reports of the Metropolitan Waters."

THE Privy Council has awarded to Mr. B. Kemp, surgeon, of Horbury, in the Wakefield Union, the sum of £12 18s. for his efficient performance of duties in respect of vaccination.

Correspondence.

"Audi alteram partem."

HYPOSULPHITE OF SODA IN AGUE AND TYPHOID FEVER.

To the Editor of THE LANCET.

SIR,—In THE LANCET of March 6th I observe a short paper by Mr. Sanger on the administration of the above remedy in ague and typhoid fever. Mr. Sanger says that "the theory of the cause of ague and typhoid fever being due to the germs of a fungus having entered the system appears to me to be proved by the following cases." It appears that this gentleman, in the spring of 1868, treated an intractable case of ague in a boy eleven years of age. The disease is said to have resisted all the "usual remedies." These I assume to have been quina and arsenic. We are not told in what doses the remedies were given, or how long they were used. Mr. Sanger adds: "Following out the fungus theory, I gave the patient a scruple of the hyposulphite of soda three times a day, which in a very few days got rid of the ague, and he has never had it since." In the autumn of the same year Mr. Sanger treated the mother and three sisters of this lad for tertian ague, "which resisted the administration of emetics, quinine, bebeerine, and arsenical solution, but gave way to a very few doses of the hyposulphite of soda."

Here we have the full extent of the evidence on which we are called to believe, first, that the hyposulphite of soda is superior in the treatment of ague to quina and arsenic; and, secondly, that the fungus theory in ague is "proved." Large conclusions to draw from so small a number of observations; facts, in the true sense of the term, I cannot legitimately call them.

Surely, if there be such a thing as a fact in therapeutics, it is the power of quina over ague. The ague ceased after the boy had taken the hyposulphite for some days; but Mr. Sanger takes no note of the fact that his patient's system had been previously saturated with the "usual remedies;" for, although no particulars are given, we are told that the boy said "his stomach could not bear any more." Now, this fact vitiates the whole evidence in favour of the hyposulphite of soda in this case. The same observation applies to the other three cases; for we are told that "emetics, quinine, bebeerine, and arsenical solution" were administered before the hyposulphite was given. Not to dwell on the fact that an enormous quantity of so-called quina in the market is so scandalously adulterated as to be almost inert, I appeal to physicians who, like myself, have had a large experience of malarial fevers in countries where they are endemic, in proof of a fact, much insisted on by myself in my article on Malarial Fevers in Dr. Reynolds's System of Medicine, that, in certain exceptional cases, where the system has been for a long time subjected to the influence of malaria, quina sometimes fails until some blood-depurant has been given; the effect of this being probably to act chemically on certain effete matters in the blood, which in some way interfere with the due action of quinine on the *materies morbi*. Certain it is that after the use of such remedies as the bicarbonate or acetate of potash, quinine, previously inert, at once asserts its power. Whether the quina tried in Mr. Sanger's cases was inert from adulteration, or whether the hyposulphite acted after the manner of some of the salts of potash as used by me, I cannot say; but of this I am sure, physicians who have to deal with malarial fevers, where they abound in the intense forms with which I am familiar, will require stronger proofs of the power of the hyposulphite of soda before they substitute it for the "usual remedies," and some more extended and careful observations than the above before they can agree with Mr. Sanger that the fungus theory is "proved."

If Mr. Sanger will refer to the Army Medical Department Report for the year 1866, vol. viii., he will find that, on the recommendation of Dr. Schmidt, the hyposulphite of soda was tried by Surgeon-Major Small, and my friend and former Netley pupil, Assistant-Surgeon W. H. T. Power, in

the severe form of malarial fever prevailing in the Mauritius in 1866-67, on this very fungus theory; that it proved inert, and that in every case they were obliged to have recourse to quina. Indeed, the power of this real remedy was never so triumphantly shown as in the terrible epidemic of which the above-named gentlemen have given us so admirable an account. They say, "that beyond the use of diuretics and diaphoretics, quina was almost the only drug used." In fact, they add, they pursued the treatment laid down by me at Netley, with which I am well satisfied; for out of a strength at Flat Island of 374·5, only four men died of the fever, and "most certainly one of these four, if not another, would have been saved had he been treated with quinine," of which their supply was scanty. Drs. Small and Power unhesitatingly attribute the terrible mortality from this fever among the civil population at Port Louis "to the want of proper attendance, and, above all, *to the want of quinine*." In another part of their Report they go so far as to say that with a good stock of quina "no such fatal epidemic can again occur." These gentlemen write, not with the experience of four cases of ague, but after witnessing the severest epidemic of malarial fever of modern times.

Mr. Sanger's experiments with hyposulphite of soda in typhoid fever are open to the same objections. Without entering into the question of the fungus theory in this disease, deemed by Mr. Sanger to be "proved" on the strength of a "few cases," the details of which are not given, it may suffice to remark that, assuming, for argument's sake, the truth of the theory, it is quite clear that the "fungus" which "causes" typhoid fever must be very different from the "fungus" of ague; for quina, so potent against the latter, is powerless to cut short an attack of enteric fever. Yet, according to Mr. Sanger, hyposulphite of soda is effective against both.

I am, Sir, yours &c.,

W. C. MACLEAN,
Royal Victoria Hospital, Netley, March, 1869. Deputy Inspector-General.

P.S.—Mr. Sanger writes of bebeerine as a remedy against ague, which it certainly is not. Extensive trials of this drug were made by me in India many years ago, which satisfied me of its untrustworthiness: I never saw it effective in a single instance.

To the Editor of THE LANCET.

SIR,—In THE LANCET of March 6th is a communication in which Mr. Sanger proves not only the curative value of hyposulphite of soda in ague, but also is perfectly satisfied with the fact of the cure of three or four persons from ague by it proving the truth of the fungus-germ theory of ague! In the Report of the Army Medical Department for 1866, a series of six cases are given by Dr. Small and myself, in which the hyposulphite of soda and sulphur itself were given, with a view to the cure of relapses of ague. Both drugs were given, not only at the time of the relapse, but *for a month*, in doses of thirty to sixty grains three times a day. We found they utterly failed, having not the slightest effect either in preventing the relapse or in modifying its severity.

No opinions on the value of remedies in ague are of use unless the *temperature of the air* be noted at the same time, as *the* cause of ague relapses is a sudden fall of temperature.

I have the honour to be, Sir, yours obediently,

WILMOT H. T. POWER,
Gosport, March, 1869. Assist.-Surg. 2nd Batt. 13th Regt.

NAVAL MEDICAL PRIVILEGES.

To the Editor of THE LANCET.

SIR,—I beg to ask your notice of the manner in which the advantages gained as the result of the Admiralty Committee on Medical Officers in 1865, have been frittered away, so that of all the professional servants of the Admiralty, the medical officers now stand the lowest as regards the "choice of cabins, compensation for losses, extra pay, travelling expenses, &c."

This has been effected by the Admiralty having issued circulars of later date, entirely ignoring the principle on which they established our immunities—viz., that of active service,—and giving the same advantages by seniority alone, which requires no actual service, to other classes. Thus, not only the professional classes, but all other civilian officers, such as paymasters and engineers, are in advance of us. The table will demonstrate these facts.

I remain, Sir, your obliged servant,

April, 1869. A STAFF SURGEON.

Date of Admiralty Circular.	Civil Profession.	Relative Rank with				
		Sub-lieutenants.	Lieutenants— Under eight years.	Lieutenants— Over eight years.	Commanders.	Captains.
1863. August 3rd.	Medical.	Assist.-Surgeons under six years' service.	Assist.-Surgeons over six years' service.	Surgeons, by service with lieutenants of eight years' service.	Staff Surgeons over twenty years' service.	Deputy Inspectors-General.
1864. October 22nd.	Naval Instructors.	None.	On admission.	Over eight and under fifteen years' seniority.	Over fifteen years' seniority.	None.
1868. June 1st.	Chaplains.	None.	On admission, with lieutenants above five years' seniority.	Over four years' seniority with lieutenants over eight years.	Over eight years' seniority.	Over fifteen years' seniority.

NOTE.—Compensation for losses, travelling expenses, extra pay, and choice of cabins or quarters, are regulated on the above principle of relative rank.

THE DRY-EARTH SYSTEM.

To the Editor of THE LANCET.

SIR,—A brief reply to Dr. Rolleston's second letter (of March 13) will, I hope, find admission to your columns.

1. In my remarks on the first letter, I mentioned certain principles and modes of action as essential to the Dry-Earth System, so that a departure from any of these must change its character and at least impair its results. But in every opinion, experiment, or instance, adduced by Dr. Rolleston, there is, I submit, a departure, either certain or presumable, from these essentials. I still, therefore, venture to think that he has formed "an inadequate conception of the system;" and that to this—the system in its completeness—his opinions and quotations are not relevant. Against my own definition of my own system, Dr. Rolleston appeals to "common usage," &c.; but is it quite fair to identify principles with their perverted or imperfect application? and is the opinion of one or two gentlemen sufficient to fix this "common usage"? Besides, Mr. Garnett avows that his plan is not mine; and a reference to Mr. James's letter, and the circular to which it is appended (p. 4), will show the contrary of what it is adduced to establish.

2. Mistaken views and handling of the system doubtless occur in India as at home; nevertheless, I still affirm that no mischievous effect has been there traced to the use of dry earth. Unless we are to regard excreta, and the mode of their disposal, as the sole cause of "the continuance of contagiousness," Dr. de Renzy's evidence proves nothing; and in the "more valuable evidence" of the Madras

Report there is no trace of the proper working of the system.

3. Having written from memory, I readily apologise to Dr. Rolleston for inadvertently confounding his quotation from Dr. Mouat with a like opinion expressed, as I believe, in that gentleman's *first* report, in which report my own quotation from Dr. Mouat will be found. But does Dr. Rolleston indeed throw doubt on a favourable opinion, confirmed by the Indian, and subsequently by other Governments? The Colonial Secretary sent copies of these reports to every Colonial Government. The Canadian Government has largely adopted the system in public institutions; besides recently reprinting, through the Secretary of State for the Provinces, my "National Health and Wealth" both in English and French. Can, then, Dr. Rolleston's inference, at the close of his second letter, be just? Can there be so much danger in this system? Are these various official bodies,—is the Registrar-General (Quarterly Returns, July 31, 1867),—are those who passed the New Sanitary Amendment Act (July 31, 1868) "not in their senses," because they prefer a system which, if rightly worked, does deodorise and disinfect, to a system which cannot deodorise and does not pretend to disinfect?

I am, Sir, yours faithfully,

Ferdington Vicarage, April 3rd, 1869. HENRY MOULE.

THE BIDDENDEN MAIDS.

To the Editor of THE LANCET.

SIR,—After a recent visit to the Siamese twins, I read with great interest the description in THE LANCET.

Mr. W. Leech, of Moorgate-street, had previously directed my attention to an extract from "Pulleyn's Miscellany," a remarkable compendium published in 1828, in which mention is made of two sisters who (if the story is a true one) seem to have been united in a manner somewhat similar to that in which Messrs. Chang and Eng are connected. As the subject is exciting considerable interest at the present time, and Pulleyn's curious book is rare and not often seen, I venture to put the extract before your readers.

"The small town of Biddenden, in Kent, which is about four miles from Tenterden, is famous for a custom of giving to the parishioners, and even strangers, on Easter Sunday, 1000 cakes, impressed with the figure of two females joined together. The origin of the custom is thus related:—

"In the year 1000, at Biddenden, in Kent, were born Elizabeth and Mary Chulkhurst, joined together by the hips and shoulders, and who lived in that state thirty-four years; at the expiration of which time one of them was suddenly taken ill, and after a short period died. The surviving one was advised to be separated from the corpse which she absolutely refused, by saying these words, 'As we came together, we will also go together;' and about six hours after her sister's decease she was taken ill and died also. A stone near the rector's pew, marked with a diagonal line, is shown as the place of their interment.

"It is further stated that, by their will, they bequeathed to the churchwardens of the parish of Biddenden, and their successors for ever, certain pieces or parcels of land in the parish, containing about 20 acres, which is hired at 40 guineas per annum; and that in commemoration of this wonderful phenomenon of nature, the rolls, and about 300 quartern loaves, and cheese in proportion, should be given to the poor inhabitants of the parish."

I am, Sir, your obedient servant,

Nottingham, Feb. 22nd, 1869. WM. TINDAL ROBERTSON, M.D.

RETIREMENT OF PRISON SURGEONS.

To the Editor of THE LANCET.

SIR,—As I am the individual alluded to in your article on the Superannuation of Prison Surgeons, I feel myself called upon to state the circumstances, hoping that the question will be taken up by the profession as a public one, in which all gaol officials are deeply interested.

I served the office of surgeon to the county gaol and house of correction at Bury St. Edmunds for twenty-five years. In 1867 I retired from practice, principally in consequence of my health failing; and, as a matter of course, resigned the appointment. Shortly after I applied for the pension, to which I consider I am fairly and justly entitled, as I was never upon any one occasion, during the twenty-five years, complained of in the execution of my duties. I have made several applications to the visiting magistrates and to the magistrates in Quarter Sessions assembled, but without effect. They will neither grant me my pension, nor state the reason for not doing so.

Now, Sir, if the section in the Act of Parliament is to be considered as a dead letter, not to be acted upon, surely it ought to be expunged from the Act without delay, so that the officers of prisons should not be acting under false impressions, and run the chance of being treated as I have been. I am, Sir, your obedient servant,

Dover, March 13th, 1869. CHARLES C. SMITH, F.R.C.S.E.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

THE first winter session of the new medical school at the Queen's College has been most satisfactory. The lecture theatres have been well filled, and the dissecting-room abundantly supplied. In this last respect the school has been more fortunate than many, for although the supply was always fair when two schools existed, it has this year been unusually good. The amalgamation has certainly proved a success in many ways. It has rendered the enforcement of discipline more easy; and, if the experience of a single year may be taken, it has inspired both the professors and the students with new energy. This energy has extended beyond the College walls, and favourably influenced the clinical teaching at the hospitals.

Heretofore each hospital trusted to its own school for a supply of students; now that there is but one school, and that neutral, a healthy competition in the most important branch of teaching has been engendered. The desirability of giving class prizes has lately been under the consideration of the Professors at the College, and a new scheme for the Honour Examinations devised. Instead of giving a prize in each class, and allowing any of the students of the class to compete, a general preliminary examination in all the subjects of each year will in future be held, and only those students allowed to compete for class-prizes who have passed in all the subjects of the general examination. By this means it is hoped that the cultivation of one subject to the exclusion of the others may be avoided. The scheme seems a good one, but it very naturally occurs that all such matters would be better regulated by a central body, combining the experience of all the lecturers in the kingdom. Why the Medical Teachers' Association, by excluding provincial schools, has deprived itself of this position, it is difficult to understand.

At the General Hospital, on the last operating day of the session, the students witnessed ovariotomy, performed by Mr. Goodall on a case of Dr. Foster's. The patient was twenty-three years of age; the cyst, which had existed for twenty months, was single, and free from adhesions, as previously anticipated. The incision was three inches long, and the cyst escaped from the abdomen before it was completely emptied. No intestine was seen during the operation; the pedicle was secured by a clamp. The patient was fed by nutritive enemata for three days after the operation. A little sickness occurred on the first day, but no other bad symptom retarded the recovery. At the same hospital, Dr. Foster has been making some observations on Diabetes, no less than four cases having been under his care at one time. Peroxide of hydrogen (ozonic ether) has been found useless, and ordinary ether equally so. But some good results have been obtained by the use of ergot, which, in large doses long continued, has been followed by a marked diminution in the quantity of sugar. Dr. Foster has also had a typical case of Duchenne's paralysis with muscular hypertrophy, in a boy aged nine years.

At the annual meeting of the Queen's Hospital, held recently, it was decided to abandon the midwifery department. The obstetric surgeons some little time since asked for the

appointment of a resident obstetric officer, on account of their inability to attend all the cases themselves. The appointment of such an officer was moved at the annual meeting, but afterwards withdrawn, and a resolution discontinuing the department carried. Whatever may have been the wisdom of such a course, there can be no doubt that more courtesy should have been shown to the honorary obstetric surgeons, who had served the hospital for some years. The adoption of a resolution which abolished their appointments in order to solve the differences between the midwifery officers and their department savours too much of the fatal celerity of the Japanese method of "happy despatch."

Birmingham, March, 1869.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Two vacancies have just been filled at the Paris Academy of Medicine. M. Verneuil, the well-known surgeon of Lariboisière, has been elected in the surgical section, MM. Giraldès and Desormeaux following with a very good number of votes; whilst M. Coste, Professor at the Collége de France, and the author of most valuable researches on Embryogeny, has been called to the section of Free Associates.

The Concours de l'Agregation at the Paris Faculty for the nomination of six vice-professors in medicine had hardly closed before another has been opened for the appointment of four vice-professors in surgery, and one in accouchements. The jury is composed of MM. Denonvilliers, Depaul, Gosselin, Laugier, and Pajot, Professors at the School of Medicine; Baron Larrey, Member of the Academy; and M. Guyon, Vice-professor. There are fourteen candidates—a very poor number indeed; but it must be remembered that surgery is *en baisse* here. The difficulty of having fair candidates for the best surgical appointments in Paris—namely, the posts of hospital surgeon—was the principal reason why M. Husson, the chief of the Assistance Publique, determined last year to extend the *limite d'âge* of the present surgeons for remaining in the various Paris hospitals. The first series of tests, a written composition, has already been undergone, the question being, "On the Respiratory Apparatus, and especially its Mechanical Phenomena," for all the candidates in surgery, and "On the Mamma, its Anatomy and Physiology," for all the candidates in accouchements. Each candidate is successively called upon to read his composition aloud and *coram publico* in the large amphitheatre of the Faculty. The second series of tests will consist in a lecture, lasting three quarters of an hour, delivered before the public in the large theatre. Two candidates are appointed to lecture on the day chosen; but previous to lecturing they are both shut up in a room under the surveillance of a rival candidate, and there the subject is put before them, and they are allowed three hours for meditation and preparation. They then successively repair to the large hall, and each lectures in turn on the same subject. After these two series of tests, the judges perform a work of elimination—I mean, according to the order of merit, they strike off a certain number of names from the list, and retain only twice as many candidates as there are vacancies. The concluding and decisive tests are three in number, and take place in the following order:—1. A lecture, for which twenty-four hours' meditation is allowed. Questions are placed in the urn, and the two candidates who are to lecture on the following day draw from the urn; they rejoice or bewail according as luck favours them, and the next day they lecture at the Faculty. 2. A clinical test, which, I need not say, takes place in the wards of some of the Paris hospitals. 3, and lastly. The writing out and the argumentation of a thesis. This forms certainly the most exciting and curious part of the whole process, and really deserves to be noticed somewhat in detail. The subjects of the different theses are drawn by lot on one and the same day. The different candidates have only twelve days for gathering materials, writing out the thesis, having it printed, and presenting it to the jury as well as to their rivals. Fancy what a work it must be. The industry and energy of one would never suffice for such a Herculean labour. So the candidates immediately set all their friends in motion. On the evening of the day in which the questions are given the friends of the candidate meet in his house. There he has already studied the plan of his work or campaign, and he distributes to each one a department or portion of labour, which must be individually studied and elaborated. In order to have some value, the theses must be exhaustive; interesting cases must be quoted; the various views and theories which have been propounded upon the subject must be adduced and criticised, &c. This requires an amount of bibliographical research which fully occupies at least half a dozen individuals. On the very next day the library of the School of Medicine presents a most spirited and curious spectacle. The place is invaded by the legion of *amis* who have hurried to investigate a host of authors. Each one labours strenuously for his candidate, and the librarians are in a condition of heat and nervousness which would be something disastrous in summer time. The candidates have then to touch up, combine, classify, and co-ordinate the materials—a task involving no mean ability and labour; and then it is for the printer to take his share of trepidation, and go hurriedly through the work of publication. Nor is this all; for each of the theses must be *argumenté* before the judges. Two candidates are appointed to attack the thesis of a third candidate, to show its weak points; while the author defends his work as ably and as eloquently as he can. This proceeding is carried on *de vive voix*, and, of course, each candidate successively goes through the same ordeal. It is a great piece of attraction and curiosity to assist at these jousts, for all the candidates necessarily do their best to show off to advantage; the two adversaries go round and round the unfortunate man who is on the *sellette*, attacking him with bold or subtle thrusts, putting in objections here and there, and sifting his thesis to the bottom; while the candidate parries nimbly, and, if he can, sends back a home thrust to his assailants. This gives full play to Gallic elocution, which is ever of the best and easiest, and to many other qualities and attainments besides, such as self-possession, a spirited character, and much talent and ability. The majority of these *séances* are, therefore, extremely attractive, and of varied interest. Sometimes an unlucky *concurrent* defends himself feebly, and gets into a mess; but when a candidate passes safely, spiritedly, and eloquently through the ordeal, *c'est un véritable triomphe*. So you see, it is no easy thing to get to the *agrégé* professorship; and when a man does obtain the post, it redounds highly to his credit and honour. But alas! you should see the pale features and jaded appearance of the *concurrents* when the whole thing is over. It is something piteous to behold, and has led to the remark, that jaundice is extensively promoted and propagated by the medical *concours* of Paris.

Professor Brown-Séquard is continuing, with indefatigable labour, the series of his valuable researches and experiments upon the physiological pathology of the nervous system. His communications to the Academy of Medicine have formed the most marked features of the recent sittings of this learned Society. As you will doubtless give full attention to these researches when they shall have been published *in extenso*, I shall only mention a few points thereof, so as to keep you *au courant* of everything that crops up here at the very moment of the event: my letters must be photographs of the passing occurrences of the day. M. Brown-Séquard's most recent researches bear upon the consequences produced by certain lesions of the corpora restiformia and the sciatic nerve in guinea-pigs. According to the illustrious experimenter, when the sciatic nerve is severed in guinea-pigs, on exciting a certain determinate part of the face, which he names *le zone epileptogène*, epileptiform phenomena are produced. Excitement of no other portion of the face can induce an attack of epilepsy. But in order that the phenomena may take place, it is necessary that the excitement should be produced on the side corresponding to the limb where the nerve has been divided. M. Brown-Séquard showed two guinea-pigs to the Academy, and reproduced his experiments before the assembly. M. Colin, one of the members, mentioned that he had often performed the division of the sciatic nerve without

being able to induce epileptiform attacks. M. Brown-Séquard's experiments on the restiform bodies are equally interesting and curious. One of the results of injury to the corpora is the production of hæmorrhage under the skin of the ear. Hitherto certain kinds of hæmorrhage had been observed as the result of injury to the nervous system; for instance, hæmorrhage of the kidneys in diseases of the spinal cord, and hæmorrhage of the intestinal tube in diseases of the brain. But the fact now illustrated is remarkable on account of its constant occurrence. Another result is the production of dry gangrene of the ear, which, according to the experimenter, is not the consequence of paralysis produced by the section of the restiform bodies. M. Brown-Séquard exhibited a guinea-pig showing this kind of gangrene. At the last meeting of the Academy he again adverted to the subject, and stated that the precise point of the restiform body which he excited in order to produce hæmorrhage and sphacelus, was the nib of the calamus scriptorius. Some particulars, he added, tended to show that this situation was really the one which he excited in his experiments: for instance, the paralysis of the tongue, and anæsthesia of the lips; the animal could not hold the food which was introduced into its mouth. It was a well-known fact that the hypoglossal nerve and fifth pair take their origin in the neighbourhood of the calamus scriptorius. M. Brown-Séquard concluded by pointing out the strict analogy which exists in a great number of cases between the phenomena determined experimentally in animals, and those which are observed clinically in man. On account of the extreme interest of these experiments, M. Bouillaud has requested M. Brown-Séquard to repeat his experiments before a certain number of the members, which has been assented to.

M. Claude Bernard is delivering a course of very interesting lectures at the Collége de France, "On the Art of Experimenting." He is now on the subject of Anæsthesia. Any attempt at giving you a complete analysis of his lectures must not be thought of, on account of the space which it would occupy: but I hope in my next letter to be able to give you the chief points of his last lectures.

I have to record the death of Dr. Blatin, a gentleman who was well known and highly esteemed in Paris, on account of his great philanthropy. He was president or member of a great number of charitable societies, and has bequeathed a large sum of money to the various corporations in which he took an interest.

Paris, April 6th, 1869.

THE MARSHALL HALL MEMORIAL.

THE London Executive Committee have recently held two or three meetings for the despatch of certain matters preliminary to the issue of a general appeal to the profession on behalf of the Marshall Hall Memorial. The subject of the Memorial will, we understand, be brought before the notice of the Liverpool Medical Institution at its next meeting, by Dr. Waters, with the view of obtaining special support from the practitioners in Liverpool; and it is to be hoped this example will be very generally followed in the provinces.

It may serve to stimulate our countrymen in the provision of some lasting memorial of Marshall Hall's labours and genius, if we refer to the estimation in which these are held by the distinguished Virchow. It will indeed seem unaccountable to foreign savans if the present opportunity should be allowed to pass without, in honouring Marshall Hall, perpetuating, as it were, his fame, our own, and our country's. Virchow says:—"Right willingly will I aid in bearing tribute, according to my feeble power, to an investigator so devoted to the service of mankind, and whose works are so highly esteemed, and were so early recognised in Germany. I therefore authorise you to add my name to the list of contributors, and only request that you will inform me of the future decisions of the Committee."

The veteran Louis has also most warmly and spontaneously declared his pleasure at the prospect of doing honour to so humane a man and so great a genius as Marshall Hall.

Parliamentary Intelligence.

HOUSE OF COMMONS.

APRIL 1ST.

METROPOLIS POOR ACT AMENDMENT BILL.

MR. GOSCHEN announced his intention, in consequence of representations from several of the metropolitan members, to postpone the second reading of this Bill. It appeared that the local bodies had not yet had time to consider the provisions; and, under the circumstances, though with extreme regret, he felt bound to postpone the order.

VALUATION OF PROPERTY (METROPOLIS) BILL.

The second reading of this Bill was agreed to, Mr. Goschen acceding to the wish expressed that the House should be understood only as agreeing to the general principle that equalisation of assessment was most desirable for the metropolis. In Committee the Government (Mr. Goschen said) would gladly receive any suggestions from the local authorities for its improvement, and he trusted the House would aid the Government in the endeavour to pass it this session.

APRIL 2ND.

THE AFRICAN SQUADRON.

MR. J. LOWTHER moved for returns of the forces employed during each of the past twelve years upon the West Coast of Africa, together with the annual cost, the rate of mortality, and sanitary condition of such forces, and commented on the waste of money and life.

MR. CHILDERS said that there was virtually no slave trade now on the West Coast of Africa, and that another reduction beyond what he had stated in introducing the Navy Estimates was in contemplation. The squadron could not be withdrawn altogether, because of the commercial interests to be protected.

APRIL 5TH.

The second reading of the Pharmacy Act (1868) Amendment Bill was postponed for a week.

DIRECTOR-GENERAL OF THE NAVY MEDICAL DEPARTMENT.

On the vote of £54,757 for the expenses of the medical establishments at home and abroad,

MR. COREY said he could not allow this vote to pass without congratulating the First Lord on the discrimination he had shown in appointing Inspector-General Armstrong to be Director-General of the Medical Department of the Navy. He felt bound on public grounds to say he believed that this appointment would be conducive to the best interests of the Navy.

MR. CHILDERS said he had taken three months to make this appointment. It was too important to be made in a hurry. He was glad to hear the testimony borne by the right honourable gentleman to Dr. Armstrong's claims.

The vote was agreed to.

APRIL 6TH.

MR. GOLDNEY gave notice that on Tuesday next he should move for leave to bring in a Bill to amend the laws relating to the appointment of county coroners.

APRIL 7TH.

In reply to Mr. POLLARD-URQUHART,

MR. BRADY said he proposed to postpone the second reading of the Medical Officers' Superannuation (Ireland) Bill to Wednesday, the 23rd June.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 6th inst.:—

John Tunley, R. W. Edginton, J. P. Smith, J. P. Oates, Thomas Bailey, W. M. Yeates, A. S. Newman, H. W. L. Browne, and E. A. Elkington, of the Birmingham School. W. R. Smith, T. H. F. Tothill, C. P. S. Wayman, G. T. Langridge, and W. J. Walsham, of St. Bartholomew's Hospital. A. H. Hughes and D. G. Fleming, of Toronto and St. Thomas's Hospital. Richard Lowther, of Edinburgh. W. T. Kay, of New-

castle-upon-Tyne. M. C. Soutter, of King's College Hospital. L. C. Miall and W. J. Lorraine, of Leeds. H. E. Southee and J. L. Shaw, of Guy's Hospital. John Scully, of Middlesex Hospital. J. S. Slater and Samuel Osborn, of St. Thomas's Hospital. C. W. Vickers and Hildreth Kay, of London Hospital. Christopher Harvey and T. P. Lucas, of Westminster Hospital. W. M. Johnson, of Cambridge and King's College Hospital. L. L. Powell, of University College Hospital.

The following passed on the 7th inst.:—

H. A. Latimer, John Marshall, A. K. Newman, Richard Paramore, H. H. J. Nicholls, E. C. R. Rose, F. E. Newington, Whitfield Perkins, D. W. Duke, and G. D. Deeping, of Guy's Hospital. J. T. Leigh, S. S. Noakes, and Cecil Drake, of Charing-cross Hospital. J. B. James and B. B. Floyer, of Middlesex Hospital. W. A. Mosely, C. J. Newton, G. A. Phillips, and A. H. G. Doran, of St. Bartholomew's Hospital. George Millson, E. W. Moore, J. F. Parsons, and E. J. Parrott, of St. Mary's Hospital. R. E. Wilmot and A. C. Mayo, of King's College Hospital. A. J. Moore and J. B. Edis, of London Hospital. J. E. Morris and W. R. Pike, of St. Thomas's Hospital. G. O. Risdon, of St. George's Hospital. Henry Dustan and F. H. Edmonds, of University College Hospital. W. T. P. Douglas, of Cambridge and Guy's Hospital.

Apothecaries' Hall. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 1st:—

Daldy, Frederick, Samuel, Finsbury-square.
Etheridge, G. Ernest Fred., St. Bartholomew's Hospital.
Farnfield, Walter Edmund, Lambeth-terrace.
Griffin, Innes, Banbury, Oxon.
Hopkins, John, Llantrissant, Glamorganshire.
Jones, Watkin Williams, Dolgian, Cardiganshire.
Lacey, Thomas Warner, Cotes, Loughborough.
Marsh, Walter Alfred, New Kent-road.

Provision for Contagious Diseases at Dover.—The annual meeting of the governors of Dover Hospital was held on Wednesday week, Lord Fitzwalter presiding. A number of clergymen, medical men, and gentlemen of the neighbourhood were present. There was an unusually large attendance, owing to the proposed discussion of a motion having for its object the establishment of a Lock hospital at Dover. A deputation has recently waited on the Government, urging the necessity of such an institution being provided, and it is understood that the Government has expressed its willingness to comply with the requisition, provided the promoters of the scheme could offer suitable premises. The resignation of Mr. J. C. Ottaway, one of the honorary surgeons, was accepted, with thanks to him for his many years of service, and Dr. Duke was appointed in his stead. The discussion upon the advisability of establishing a Lock hospital was then proceeded with, and occupied considerable time. Ultimately the meeting decided upon the following proposition:—"That, for the purpose of facilitating the establishment by the Government of a Lock hospital in Dover, the Committee be requested to negotiate with the Government for the sale of the present hospital, and to report to a general meeting of the governors on such negotiation, and also as to the most favourable site for a new hospital for the town in the event of the negotiations with the Government rendering it necessary to vacate the present building."

Presentation.—The inhabitants of Cheriton Fitzpaine and the surrounding parishes, to mark their respect and kind feeling towards Josiah Body, Esq., surgeon, who has left Cheriton Fitzpaine to reside at Crediton, have presented him with a valuable testimonial, in the form of a silver salver and large silver tankard.

On Monday last a Leeds chemist, Mr. Toulson, was fined twenty shillings and costs for refusing to have his child vaccinated. We are glad to note that the clerk of the Board of Guardians took occasion to explain that persons could be summoned again and again for the offence for which Mr. Toulson was fined in the present instance, and that the guardians of the union intended to proceed against those who persisted in repeating it.

Royal Hospital for Sick Children, Edinburgh.—The number of patients treated at this hospital during March was 73. Of these, 33 were in the hospital on the 1st February, and 40 were admitted during the month; while 384 were treated at the dispensary, and 89 were visited at their homes: in all, 546 during the month. The directors have appointed Dr. R. Peel Ritchie, F.R.C.P.E., to be one of the ordinary physicians, Dr. Graham Weir having been appointed one of the consulting physicians.

The "Veterinarian" says that pleuro-pneumonia is spreading rapidly in England, and that the disease is assuming a far more virulent type than before.

Poor-law Medical Relief. — A parliamentary paper containing returns relative to Poor-law medical relief has been published. The returns show the sums expended out of the poor-rates for medical relief in England and Wales during each of the thirty-one parochial years ended in 1868; of the sums expended under the Public Vaccination Acts during each of twenty-eight years ended at the same time, &c. The sum expended in medical relief has risen since 1838 from £136,775 to £272,341; and the charges for vaccination have increased from £11,664 in 1841 to £50,987 last year. The sum paid out of the item "medical relief" in the form of salaries and extra medical fees in 1857 was £213,656; in 1868 it amounted to £253,620, showing an increase during the ten years of 18·7 per cent. The increase in the vaccination charges during the same period was 23·6 per cent.

A bazaar held lately in aid of the funds of the Fowey Cottage Hospital realised the sum of £110.

Dr. William Brewer, M.P.; Dr. Swettenham, Deputy Inspector-General of Hospitals; and Mr. F. C. Skey, C.B., F.R.C.S.—were presented at the *levée* on Saturday last.

The North Riding Infirmary at Middlesborough appears now to be in a flourishing condition. At the annual meeting of subscribers held last week, it was stated that the workmen's subscriptions from the various works in the district are well maintained, and that much interest in the institution is evinced by the workmen, two of whom are appointed to act as house visitors each month.

Fever at West Hartlepool.—There is said to be a great deal of fever at West Hartlepool, and in a sensible letter in the *South Durham and Cleveland Mercury* it is attributed to the faulty construction of the houses, and to the probable contamination of the water of wells which are much used. Owing to the smallness of the yards, the privies and wells are in necessarily close proximity. We agree with the writer of this letter that the facts call for the immediate attention of the local sanitary authorities. There would seem to be an unlimited supply of good water other than that of the wells, so that there is no excuse for the use of the supply from the latter source.

Medical Appointments.

Bain, J., L.F.P. & S. Glas., has been appointed House-Surgeon to the Infirmary and Dispensary, Paisley, vice W. M'Laurin, M.B., appointed Resident House-Surgeon to the Greenock Infirmary.

Barnes, G., L.R.C.P.Ed., has been reappointed Medical Officer for the Churchill District of the Axbridge Union, Somersetshire.

Barnes, T. H., M.D., has been appointed Medical Officer for the Toddington District of the Woburn Union, vice T. Magor, L.R.C.P.L., resigned.

Bennett, C., M.B., has been appointed Junior Assistant Medical Officer to the Workhouse Hospital, Manchester.

Bennett, C. J., M.R.C.S.E., has been appointed Surgeon to the General Hospital and Dispensary, Cheltenham, vice W. Philson, M.D., resigned.

Brownrigg, Mr. P., has been appointed Dispenser at the Workhouse Infirmary, Manchester, vice Clapperton, resigned.

Burder, G. F., M.D., has been re-elected Physician to the General Hospital, Bristol.

Clapp, W. J., M.R.C.S.E., L.M., has been appointed Certifying Factory Surgeon for the District of Nantyglo.

Clark, D., L.R.C.P.Ed., has been appointed Medical Officer for the Whitworth (new) District of the Auckland Union, Durham.

Clarke, C., jun., M.R.C.S.E., has been appointed Public Vaccinator for Wymondham, and Medical Officer for the Life Association of Scotland.

Cran, J., M.B., has been appointed Medical Officer for the Salford No. 3 District of the Salford Union.

Cumming, J., M.B., C.M., has been appointed Assistant Extra-Physician to the Royal Sick Children's Hospital, Edinburgh.

Davidson, T., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Islandshire District of the Berwick-upon-Tweed Union, vice W. A. Paxton, M.B., resigned.

Dolan, T. M., L.R.C.P.Ed., has been appointed Medical Officer to the Workhouse Infirmary of the Halifax Union, vice W. H. Peacock, M.R.C.S.E., deceased.

Dudley, R. R., M.R.C.S.E., has been appointed Medical Officer to the Eden Lodge of Odd Fellows, Kirkoswald, Cumberland, vice Arthur Heslop, M.R.C.S.E., resigned from ill-health.

Finch, Dr. J. E. M., of the Leicestershire Lunatic Asylum, has been elected Resident Medical Superintendent of the new Leicester Borough Lunatic Asylum.

Galton, J. C., M.A., F.L.S., M.R.C.S., has been appointed Lecturer on Comparative Anatomy at Charing-cross Hospital.

GRAMSHAW, H., M.R.C.S.E., has been appointed Medical Officer to the Workhouse of the Halstead Union, Essex, vice D. Sinclair, F.R.C.S.Ed., resigned.

HORAN, P. C., L.R.C.P.Ed., has been appointed Medical Officer for the Whitehaven Union Workhouse, vice J. Brayton, M.R.C.S.E., deceased.

HOWES, F. C. P., M.D., has been appointed Resident Medical Officer to the Bradford Infirmary and Dispensary, Yorkshire, vice E. Bryan, M.R.C.S.E., resigned.

JARVIS, N. H., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Steyning Union, Sussex, vice C. V. Willett, M.R.C.S.E., resigned.

LANGMORE, J. W., M.B., has been appointed Physicians' Assistant at the Middlesex Hospital, vice W. Maine, M.R.C.S.E.

LOUGH, J. J., M.B., has been appointed House-Surgeon to the Liverpool Infirmary for Children.

M'BRIEN, J., L.R.C.P.Ed., has been appointed Medical Officer for District No. 3 of the Clifton Union, Gloucestershire, vice J. J. Evans, F.R.C.S.E., resigned.

MOORE, Mr. T., has been appointed Medical Officer to the Petersfield Union Workhouse, and Medical Officer and Public Vaccinator for District No. 2, vice J. Whicher, M.R.C.S.E., resigned.

O'BRIEN, E. T., L.R.C.S.I., has been appointed Medical Officer for District No. 2 of the Ashton-under-Lyne Union.

PHILLIPS, J. J., M.D., has been appointed Assistant-Physician to the Hospital for Sick Children.

PIERCE, F., M.D., late Resident Medical Officer to the Brixton Dispensary, has been appointed House-Surgeon and Secretary to the Victoria Hospital for Sick Children.

ROSS, G., M.D., has been appointed Medical Officer of Health for the Parishes of St. Giles and St. George, Bloomsbury, vice G. Buchanan, M.D., resigned.

ROUCH, J. R., L.R.C.P.L., has been appointed House-Surgeon to the Bradford Infirmary and Dispensary, Yorkshire, vice H. T. Broughton, M.R.C.S.E., resigned.

TORRANCE, Mr., has been appointed Medical Officer for the Markyate-street District of the Luton Union, Bedfordshire, vice E. T. Williams, M.R.C.S.E., resigned.

TUCK, B. J., M.R.C.S.E., has been appointed Medical Officer for the fourth District of the Newhaven Union, vice J. Noakes, L.S.A., deceased.

WOLFE, J. R., M.D., Surgeon to the Ophthalmic Institution, Bath-street, Glasgow, has been appointed Lecturer for the recently appointed Chair of Ophthalmic Medicine and Surgery at Anderson's University, Glasgow.

WOODS, G. A., L.R.C.P., M.R.C.S.E., has been appointed Honorary Surgeon to the Southport Convalescent Hospital.

Births, Marriages, and Deaths.

BIRTHS.

BLACKLEY.—On the 27th of Feb., at Simla, India, the wife of Dr. T. M. Blackley, Staff Surgeon Army, Secretary to the Inspector-General of Hospitals, of a son.

M'COY.—On the 19th of Feb., at Madeira, the wife of R. W. M'Coy, F.R.C.S., &c., Colonial Surgeon, Sierra Leone, of a daughter.

MARTIN.—On the 2nd inst., at Cambridge House, Portsmouth, the wife of J. H. Martin, M.D., of a daughter.

PRICE.—On the 31st ult., at Kettering, the wife of Z. Lowe Price, Surgeon, of a son.

ROSE.—On the 3rd inst., at Hampstead, the wife of H. C. Rose, M.D., of a daughter.

ROSS.—On the 29th ult., at Brighton, the wife of C. G. H. Ross, Surgeon Bombay Army, of a daughter.

MARRIAGES.

BRAITHWAITE—WARD.—On the 3rd inst., at the Church of St. John the Evangelist, Blackheath, Robert Braithwaite, M.D., F.L.S., of The Ferns, Clapham-rise, to Charlotte Elizabeth, second daughter of the late Nathaniel Bagshaw Ward, F.R.S., F.L.S.

EASTWOOD—ROBINSON.—On the 7th inst., at Alfreton, Derbyshire, J. Wm. Eastwood, M.D., of Dinsdale-park Retreat, Darlington, to Anna Maria, only daughter of the late J. Robinson, Esq., of Stoke Bruerne, Northamptonshire.

MACLAGAN—LAMOND.—On the 8th inst., at St. Mary's Episcopal Church, Glasgow, James M'Gregor Maclagan, M.D., of Mexborough, Yorkshire, youngest son of the late David Maclagan, M.D., Physician to the Forces, and Surgeon to the Queen for Scotland, to Catherine, youngest daughter of the late P. Lamond, M.D., Surgeon to H.M.'s 60th (Royal Rifle) Regiment.

WHITE—ROGERSON.—On the 31st ult., at the Parish Church, Walton-on-the-Hill, near Liverpool, Frederick White, M.R.C.S., &c. of Liverpool, to Helen, daughter of Edward Rogerson, Esq., of Fazackerley.

YOUNG—HARRIS.—On the 7th inst., at St. Barnabas, Clapham, Walter Wilson Young, M.D., of Aldershot, to Laura Jeanette, second daughter of R. Harris, Esq., and granddaughter of the late R. Harris, M.R.C.S., of Budsdale, Suffolk.

DEATHS.

BLADES.—On the 26th ult., at Blackburn, W. D. Blades, F.R.C.S., aged 54.

COX.—On the 6th of Feb., at Valparaiso, Nathaniel M. Cox, Surgeon, aged 85.

GALE.—On the 3rd inst., Richard, the infant son of Dr. Gale, of Poplar.

HALL.—On the 30th ult., at Southsea, J. Hall, M.D., Surgeon R.N., aged 84.

HARNESS.—On the 30th ult., H. S. Harness, Surgeon, of Fulham-road, aged 70.

LOE.—On the 24th ult., Gertrude Eliza, fifth daughter of J. S. Loe, M.R.C.S.E., in her fifth year.

MILES.—On the 23rd ult., H. Miles, L.S.A.L., of Gillingham, Dorsetshire, aged 71.

MORGAN.—On the 7th inst., at Pentfordd House, Newport, Monmouthshire, Ann Aitken, the beloved wife of W. W. Morgan, M.D., J.P.

PEARCE.—On the 5th inst., J. W. Pearce, M.R.C.S.E., of Peterborough.

Medical Diary of the Week.

Monday, April 12.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Casual communication.—8½ P.M. Dr. Morell Mackenzie, "On Syphilitic Diseases of the Throat."

Tuesday, April 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Stellar Astronomy."
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. On the Ethnology and Archæology of North America.—"Opening Address." By Prof. Huxley.—"Notes on some of the principal Tribes of the Indians of the United States, with a brief Account of the late Indian War." By Mr. W. Blackmore.—"On the Aztec of New Mexico." By Dr. A. W. Bell.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Ballot.—8½ P.M. Dr. Barnes, "On the Operations for the Relief of Chronic Inversion of the Uterus."—Dr. Kelly, "On the Spontaneous Cure of Hydatid Cysts."

Wednesday, April 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. E. D. Dickson, of Constantinople, "On Cholera in Persia in 1866, 1867, and 1868."—Dr. Milroy, "On the Analogy between Epiphytics and Epidemics."
HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. "On Chorea," by Dr. Beigel, who will show a Case of Ruptured Vocal Cords by the Laryngoscope.

Thursday, April 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. Gascoyen, "On Varicocele."

Friday, April 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Wm. Carruthers: "Cryptogamic Forests of the Coal Period."

Saturday, April 17.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. A. Geikie, "On the Origin of Land Surfaces."

Notes, Short Comments, and Answers to Correspondents.

THE FUTURE WATER-SUPPLY OF LONDON.

MANY of our readers have, no doubt, been fairly bewildered by the many suggestions which have been made from time to time for securing a better supply of pure water for London. If they have any desire to make themselves acquainted with the plans brought forward, and the facts which have been stated as necessitating a purer water-supply, they may consult with advantage a very able article on the subject which appears in the current number of the *Quarterly Journal of Science* from the pen of Mr. C. H. Heaton. Reference is made to the recent epidemics of fever and cholera in England, and their causation by water contamination. The objections to this cause of disease are met and answered. The various modes of detecting organic matter are described, and the article concludes with a summary of the methods proposed for obtaining a new supply of good water by Messrs. Ormsby, Bailey Denton, Telford Macneill, Bateman, Fulton, Hemans, Hassard, and Remington. In fact, the reader can gather from a perusal of Mr. Heaton's paper all that he wants to know in regard to the most recent opinions as to the water-supply of London.

A. B.—It would be a most invidious thing for us to name any physician in particular. There are some excellent men in the place where our correspondent now resides, or he might, if he desired it, consult some physician in Dublin.

Dr. J. C. Rule will find the liberal offer commented upon elsewhere.

LINCOLNSHIRE SEA-SIDE INFIRMARY.

THE selection of Mablethorpe as a site for building the Lincolnshire Sea-side Infirmary for Convalescents, as noticed by us last week, has called forth a letter addressed to the *Lincolnshire Chronicle* by a correspondent, in which several reasons are advanced militating against the choice of site. We have not the local knowledge necessary to warrant us in expressing an opinion as between the eligibility either of Mablethorpe or of Clee for the purpose contemplated; but it must be admitted that a good case has been made out for further consideration, as regards the question of medical convenience of access. The subscribers are also reminded that the chief objection raised against Clee, on account of its present bad drainage, is capable of easy and speedy removal, and is, in fact, already determined upon.

Alexis.—A licence in Surgery and Midwifery gives no power to claim in a court of law for medical services. The prefix "Dr." is entirely unwarranted by such a qualification.

Stammering.—We are not aware that there is any institution, not necessarily a gratuitous charity, where an adult could be received or attended for the relief or cure of stammering.

Mr. T. Whipham.—The paper of Mr. Brokham is marked for insertion.

THE BIRMINGHAM BOARD OF GUARDIANS AND THEIR MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—I beg to forward you a copy of the *Birmingham Gazette* of this day's date, which has just come to hand. It contains, as you will perceive, the text of the letter addressed by the Poor-law Board to the Birmingham Guardians in reference to the reduction in the number of district medical officers from eight to five; and as the letter, though very able, is probably too long for reproduction in your columns, perhaps you will permit me briefly to refer to it, as well as to make a few additional remarks on medical relief as it has been administered for some years in the town of Birmingham.

The Poor-law Board point out that if the districts were equally divided, each medical officer would have a population of 43,524, and then compare this arrangement with that at Liverpool, where there are twelve for 269,742, Manchester eight for 185,410, and Sheffield eight for 128,951. The Board then proceed to point out that they are not convinced that the increase of salaries sufficiently compensates the medical officers for the reduction of their numbers; and that whilst there is an apparent increase, the medical officers lose their vaccination fees, which averaged for each £50 a year; that the Board are disposed to consider that the actual population of a district is a safer guide in determining the number of officers than the number of cases attended by each officer during any particular year; that the decrease in the number of cases may be partly due to the increased efficiency of the staff since it was augmented by two, and to the consequent prevention of disease; that the guardians should bear in mind that they are to make provision not only for the existing sick, but for any sudden outbreak of sickness in their town: that whilst proposing to equalise the number of relieving and medical officers, they should also bear in mind that the medical officers are not required to give their whole time to their duties.

Altogether the document is a very admirable and exhaustive one, and deals a crushing blow to the sophistries of the advocates of the reduction; and it is the more gratifying, as it evinces a disposition on the part of the President, who, we now know, is the Board, to deal justly with the interests of the sick poor.

Fearing lest obstructive influences might dominate in the counsels of the Board, and feeling satisfied that a great principle was involved in the action of the Birmingham guardians, I have been at the trouble of getting additional information, which, in the interest of the community, I trust you will make public.

I have previously commented on the large and disproportionate increase of expenditure on in-door maintenance in the fifteen years ending 1867. I now learn that the workhouse, built some twenty years ago, had to be modified in 1862 to accommodate increasing numbers of aged and infirm of both sexes; again, in 1865, for epileptics and imbeciles; after this, in 1867, additional wards were constructed for bed-ridden; that on the 2nd November, 1861, there were in the workhouse 1527, of whom 470 were sick; December 13th, 1862, 1743—617 sick; March 23rd, 1867, at the House and Cape Schools, 2180, sick 610; March 13th, 1869, 2126, sick 698. So that you will perceive that there has been a gradual rise in the number of sick inmates in this large workhouse hospital, although there may have been an out-door decrease due to the exceptional mildness of the last winter.

One of the grounds taken for reducing the staff was that the medical relief should be concurrent with the relieving officers' districts. Now, I contend that the Board have here also acted wrongly. Considering the population, there are not sufficient relieving officers fairly to do the duty either to the Board who appoint them, the ratepayers who pay, or the poor to be relieved, and for the following reasons. Each of these officers, I learn, is occupied at his desk on an average some seven hours daily; in addition, one morning each week there are two hours extra to pay, and one day each week all the morning in attendance on Committee, and the rest of the day expended in writing orders for the workhouse, and the petty details following a Committee meeting; so that it will be at once seen that there is no opportunity for any visiting of cases where sick orders are granted, or generally for determining the propriety of relief being accorded where given. Indeed I learn that medical orders are rarely visited, except where extras have been ordered; so that the sick do not get properly attended to from the want of proper supervision arising out of the overwork of the relieving officers.

This point has probably not been brought to the notice of Mr. Goschen; and I believe I am correct in stating that no attention is ever given by the inspectors, except of a most cursory character, to the very important question of out-door relief.

To show that in other large towns this subject has been duly considered, I may state that at Liverpool there are seven relieving officers and a pay clerk; that at Leeds there are four and a pay clerk; and at Sheffield, four; whilst each of these two last towns has a population nearly 100,000 less than Birmingham with its five.

One thing more, and I conclude. I learn that a case has recently come before the Coroner, in which an order having been obtained by a woman for a lodger, and presented at two P.M., the medical officer, used-up by overwork, did not attend until next day, when on his arrival he found the man was dead.

I am, Sir, yours obediently,

Dean-street, London, April 8th, 1869. JOSH. ROGERS.

"HEMLOCK NO POISON."

WANT of space prevented our noticing last week the error into which a contemporary had fallen in its statement that the researches of Dr. Harley and other toxicologists had shown that hemlock was "no poison at all." What Dr. Harley has shown is this: that the *dried* plant and preparations from it are completely inert; that the *fresh* plant and its preparations are very potent agents, producing in moderate doses a diminution of muscular action, and in large doses paralysis. The terms "cicuta" and "κώνειον" are the Greek and Roman equivalents applied to Conium maculatum no doubt; but no one, be he Greek, Roman, or modern, who has written about hemlock, has confounded the Cicuta *virosa* with Conium maculatum.

THE paper of *Dr. John Thorowgood* "On Torpor of the Colon as a Complication in Dyspepsia" is in type.

Staff-Surgeon Wyatt (Cannes) shall receive a proof before publication.

HOMŒOPATHY.

To the Editor of THE LANCET.

"Homœopathy has long ceased to have any real existence."—THE LANCET.

SIR,—Your remarks in regard to homœopathy in your impression of the 27th ult., page 435, induce me to send you the following statement, which pretty well explains the "system."

Some years ago, whilst in practice in San Francisco, California, I was urged by the wife of a German clergyman to see her husband, who she said was dying, and had been "given over" by his family physician, a homœopathic practitioner, who, under the patronage of the Protestant clergy of every sect, was doing a "splendid business!" This gentleman is, I believe, now dead, and I feel that in alluding to the case I can hurt the feelings of no one. The clergyman, who was said to have "low fever," died in two or three days after I saw him. On examination, I found one pupil contracted, and one dilated; he had bed-sores and retention of urine; had not slept or recognised any person for many days, and was very restless. His wife showed me a mixture, of which he was taking a tablespoonful three times a day, and handed me two sets of powders; one of these, alternately, he was taking every hour. One set contained Dover's powder and sulphate of quinine. I placed three of the other powders, varying in weight from eight to twelve grains—for there were no two alike,—in the hands of Messrs. Kellogg, Hewston, and Co., men of the highest standing, for analysis. Their report, which I herewith forward, is as follows:—

"San Francisco, 17th April, 1863.

"DEAR SIR,—We have made an analysis of the powder which you submitted to us, and find that it contains 56½ per cent. subchloride of mercury (calomel). "Respectfully yours,

"Dr. R. K. Nuttall." "KELLOGG, HEWSTON, AND CO.

And this was h-o-m-œ-o-p-a-t-h-y! I make no doubt that "the doctor did his prettiest and all he knew how;" but surely he most cruelly deceived his clerical friend, who had "faith" in him and globules. Few of us, *in suitable cases*, deem such large doses necessary. I merely attended to a few obvious requirements, and gave him some wine. He slept, took his beef-tea, and before his death so far recovered as to be able to recognise and bid farewell to his family. Yours truly,

Dresden, April 5th, 1869. R. K. NUTTALL, M.D., &c.

Student.—Our correspondent is right. It ought to have been, "Cases of suicide are *not* more frequent in November." It was our lively neighbours the French, we believe, who thought the dull weather of that month too much for the melancholy temperament of Englishmen, and led to an increase of suicides.

Gideon Gray.—We fear there is no legal remedy for these disgusting quack publications.

ROYAL LONDON OPHTHALMIC HOSPITAL.

To the Editor of THE LANCET.

SIR,—I am directed by the Committee of Management to request you will do them the favour to insert this letter in your next number, in correction of a slight mistake that occurred in an article headed "Special *versus* General," in THE LANCET of the 27th ultimo. It is therein stated that "the Royal Ophthalmic Hospital was started by Messrs. Lawrence and Tyrrell, and Dr. Farre." The records of the institution show that the Royal London Ophthalmic Hospital (popularly known as the Moorfields Eye Infirmary) was founded in 1804, upon the strong recommendation and by the united efforts of nearly the whole of the medical profession of that period, including Sir Astley Cooper and all the physicians and Surgeons of St. Thomas's and Guy's Hospitals. Mr. John Cunningham Saunders, Surgeon and Demonstrator of Anatomy at St. Thomas's Hospital, was the first Surgeon appointed, who had sole charge of the patients; and Dr. Farre was Consulting Surgeon merely. The order of the subsequent appointments up to the year 1820 was as follows:—Mr. Travers, Consulting Surgeon in 1810; Mr. Lawrence, Consulting Surgeon in 1814; Mr. Tyrrell, Surgeon in 1817; Mr. Scott, Surgeon in 1820; &c. Your obedient servant,

April 6th, 1869. J. MOGFORD, Secretary.

C. M. W., (North Wales.)—Several pamphlets have been published on the subject of Cottage Hospitals, and our correspondent can procure them through a medical bookseller. He will also find much information in the present and last volume of THE LANCET.

Dr. Williams.—The announcement in question was made upon the authority of our regular reporter, who obtained the information from a local paper.

THE TREATMENT OF CHRONIC URTICARIA.

To the Editor of THE LANCET.

SIR,—A patient of mine, a married lady, aged about thirty years, has been for the last five years suffering from urticaria; otherwise she is enjoying good health. The skin is exceedingly sensitive, and at any moment is liable to the ordinary rash over the face, chest, and extremities. I have adopted tonics, alkalies, arsenic, &c., with alkaline baths, all of which have failed. I should feel obliged if any of your numerous readers could suggest any treatment that has been found useful. Your obedient servant,

March, 1869. OCTO.

A SUCCESSFUL PROVIDENT DISPENSARY.

At a time when the value of provident dispensaries is likely to be very generally discussed in relation to the present mode in which hospital medical relief is administered, and when there is a decided disposition to encourage the establishment of these institutions in various parts of the country, we may be doing good service by calling attention to the organisation of a dispensary, the Royal Victoria, which has been established at Northampton for some years, and has become somewhat famous by its success. The Report of this dispensary has just reached us, and from a perusal of its contents we gather that each year the amount paid by free members has been on the increase. In 1868 these payments amounted to £1643 2*s.* 10*d.*, being more than £180 in excess of 1867. This alone shows how much the dispensary is appreciated by the working classes; at the same time that the medical men of the town received a large share of the contributions—in fact, no less than £1296 18*s.* 11*d.* of the amount above named. The institution has honorary and free members; the subscriptions of the former bear the general expense of the institution; those of the latter defray the cost of drugs and all ordinary medical appliances, and the attendance of medical officers. The following are the main rules for free members, and we commend them to those of our readers who are seeking for information on this point:—

"The free members shall consist of working persons and servants, their wives and children, not receiving parish relief, and being unable to pay for medical advice in the usual manner. Any person wishing to become a free member shall leave his or her name, age, residence, and occupation at the dispensary, and deposit one month's subscription, which will be returned if the depositor be not admitted a member. Every free member, above fourteen years of age, shall pay one penny, and under that age, one halfpenny a week; but twopence a week will be considered sufficient for a man, his wife, and all his children under fourteen years of age. Servants who may be judged eligible by the Committee shall pay five shillings a year, and in not less than half-yearly payments. No one actually labouring under sickness can be admitted a free member, unless he pay an entrance fee of five shillings, in addition to the usual weekly subscription, and all his family enter at the same time. If any free member shall, through improved circumstances or otherwise, be, in the opinion of the Committee, no longer eligible to the benefits of the institution, his or her name shall be erased from the books. Every free member shall have the choice of whichever medical officer he may prefer; but he shall not change his medical attendant during his illness without the sanction of the Committee. Those patients who are able must attend at the dispensary at nine o'clock in the morning, bringing their admission tickets. Those who are too ill to attend at the dispensary must send their tickets before nine o'clock in the morning to the medical officer by whom they wish to be attended, and he will visit them at their own homes. In case of accident or sudden illness, they can have the attendance of any of the medical officers on sending their admission ticket to his residence. Any married woman, being a free member, and having subscribed with her family twopence per week for at least six months before the period of her application, may have, during her confinement, the attendance of any one of the medical officers, or any one of the midwives attached to this institution, as she may prefer. Any woman intending to avail herself of the last rule must apply at the dispensary, and give notice of her wish three months at least before the expected time of her confinement, and at the time of giving notice must deposit 5*s.* if she desire to be attended by one of the medical officers, or 2*s.* 6*d.* if she desire to be attended by a midwife. The same amount will, in either case, be added to the fee out of the honorary fund."

Mr. James Winter Hooper, (Manchester.)—Cauterization is adopted in special cases, of course in conjunction with constitutional treatment.

B., (Glasgow.)—The subject shall receive attention.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—My attention has been directed to a paragraph in the last number of THE LANCET relative to a recent correspondence between this Office and Dr. Day.

If you had published that correspondence, as Dr. Day informed me you would do, I should not have considered it necessary to trouble you with any observations; but as, instead of doing so, you have inserted an *ex-parte* statement, implying that the Office is in the habit of endeavouring to obtain medical opinions without paying for them, I will thank you to allow me to state that there was no reason here to suppose that the gentleman in question was a patient of Dr. Day, or referred to him in any medical capacity. There was nothing either in the form of proposal or in Dr. Day's answers to the questions addressed to him on the usual non-medical form of reference to indicate that he had ever attended his friend professionally, had made any professional examination of him, or had any medical or special knowledge of his state of health, other than such as an ordinary acquaintance might possess. Dr. Day's answers, therefore, were considered here to have precisely the same value as those furnished by another private friend, also referred to, and no greater.

It is distinctly stated on the proposal that another practitioner was the medical attendant and referee, and that gentleman was accordingly applied to for a medical certificate in the usual course.

I am, Sir, your obedient servant,
J. HARRIS, Actuary.

Sun Life Assurance Society, Threadneedle-street,
London, April 6th, 1869.

IN reference to the proposed testimonial to be given to Dr. Torry, of Lincoln, on his leaving that city, "A Working Man" writes to the local paper, expressing a hope that the promoters of the testimonial will give him "the opportunity of participating in it by opening a subscription-list for humbler classes, who will give freely according to their appreciation of Dr. Torry's unremunerated services, and their regret at his removal from amongst them."

Mr. Henry M. Fotheryill.—Many thanks.

POVERTY AND PHYSIC.

WE have to thank our excellent contemporary, *Punch*, for its seasonable allusion to the grievances of the Poor-law medical officers, whose appeal to the "Collective Wisdom" of the country against the treatment they receive at the hands of those authorities so aptly designated the "Collective Folly" of the country, needs and deserves all the support which the influential press can give.

Yeovil.—Handbills and circulars are very objectionable media for the discussion of disagreements between medical men, or between them and Sick Clubs. As to the matter in dispute, we can give no opinion, as we do not know the particulars.

R. L., (Wrentham, Suffolk.)—We cannot give the name of our correspondent.

FURROWS ON THE NAILS.

To the Editor of THE LANCET.

SIR,—The appearance of such transverse depressions in the nails as recently recorded in your journal by Dr. Wilks, has for many years excited my attention, and it has been a constant practice on my part, in examining patients, to look at their nails, so as to form some idea of their present state, and whether the debility for which they have sought advice was from existing disease, or simply the sequel of an illness from which they were slowly recovering. I think them most significant of recent past illness, and it is singular that they should hitherto have been so cursorily noted, and the explanation given so inadequate and unphilosophical. The profession, I consider, are deeply indebted to Dr. Wilks for his interesting paper.

The cases in which I have found it of practical use are those in which doubts have arisen as to the truthfulness of applicants for pecuniary aid, the statements made by them as to illness being discredited, and relief denied, as they were looked upon as malingerers. On seeing these cases, I have not hesitated to pronounce in their favour, and that they had spoken truthfully, and that the nails had furnished me with the required evidence. I have more particularly noted the furrows in persons whose nails are filbert-shaped, and the diseases in which they have been most decidedly marked were scarlet fever, scarlatina, typhoid fever, jaundice, and diphtheria. In my own case I may state that every attack of illness has left its traces. The chief cause of this furrowing appears to be mal-nutrition in the matrix and defective cell-growth. All nails on the same hands do not present the same depth of furrows, and in filbert-shaped nails there is also a certain amount of incurvation due to the shrinking of the ends of the fingers. As a rule, the toe-nails show them less than those of the fingers; and of the latter, the fore and middle finger and thumb are usually most indented.

Your obedient servant,
Speenhamland, Newbury, March, 1869. S. PALMER, M.D.

Fiat Justitia complains that a Fellow of the College of Surgeons, and senior surgeon to an hospital in an important provincial town, practises in a neighbouring village, attending midwifery, drawing teeth, and doing all the humble duty of an apothecary. Undoubtedly such conduct is inconsistent and undignified. It should be considered and condemned by the local Medical Society. Meantime our correspondent may be consoled by considering that such behaviour on the part of a man holding high honorary offices in the profession lowers him more certainly than it can harm anyone else.

A. B.—We must decline to answer the question.

TAPPING IN ASCITES.

To the Editor of THE LANCET.

SIR,—The following case is one of such practical interest as to deserve a place in your columns.

Jemima B——, aged ten, has been under my care for six weeks at least. The following notes were made by me nearly a month ago:—Apex of right lung crepitating, dulness of lower part of same; heart increased in action, without any abnormal sounds; blueness of the lips and countenance generally; ascites; lower extremities œdematous; tongue clean. No treatment appeared of service. Looking at the ascites as the cause, or at least aggravating the symptoms, I proposed tapping for its relief at least, to which the mother consented. It took place on the 1st of March last, Dr. Rygate kindly assisting me. Three quarts of fluid were removed, and it has been oozing away ever since, and I am happy to say it has acted most favourably. All her symptoms are fast disappearing, and she is rapidly recovering.

Yours obediently,
Colet-place, Commercial-road, March 10th, 1869. M. B. GARRETT.

Dr. R. A. Alleyne, (Rathkeale, county Limerick.)—Try some London publisher who has an Indian agency; Smith and Elder, for example.

M. C.—In French or Latin.

Detector's communication will receive attention.

Mr. Jos. Snowden, (Lancashire.)—Consult the nearest qualified practitioner.

WOUNDS OF JOINTS.

To the Editor of THE LANCET.

SIR,—Some years since (in 1863) I had a case of severe injury of the knee-joint under my care.

A healthy man, about thirty-five years of age, struck his right knee with great force against the edge of a scythe he was carrying. The joint was completely laid open, the limb being, in fact, semi-amputated. Having removed a large coagulum, I brought the edges of the wound together by numerous sutures (common sewing-needles), and covered the interspaces with strips of isinglass plaster. I then bandaged the entire limb, and placed a long splint behind it. As he had no fixed residence, I sent him into the union house of the district (Orsett), in which I was then residing, and I saw no more of him till six or seven weeks afterwards, when he walked into my surgery. The wound healed rapidly, and did not require any further treatment. The only result of this accident was the slight limp commonly seen in fracture of the patella, the lower portion of this bone having been cut through.

I am, Sir, your obedient servant,
Enfield, March, 1869. THOS. M. PARROTT.

Menai Bridge.—Our attention has been called to several most lamentable letters in the *North Wales Chronicle*, entitled "Esculapius Rampant." The first is from Dr. Williams to the Editor, complaining that the Editor had studiously omitted to give Dr. Williams's title in a report of the proceedings of the guardians of the Bangor and Beaumaris Union. In the next paper follow letters written by two anonymous medical correspondents in disparagement of the title of M.D. in general, and of Dr. Williams and the St. Andrews degree in particular. Dr. Williams would have shown more magnanimity in not noticing what proved to be a merely careless omission of the reporter. But we cannot too strongly express our disapproval of the letters of "Medicus" and "A Country Practitioner and a M.D." What is the public to think of our profession when medical men will disparage a medical brother, who is a member of the College of Surgeons of London, and a graduate of St. Andrews, on the ground that he is not an apothecary, and that his medical qualifications came from Scotland, and not from England! It is bad enough for the reputation of the profession that provincial papers should admit such letters; it is much worse that they should be written by medical men. We shall never be respected by the public till we learn to respect each other a little more.

Dr. J. Williams (Sudbury, Suffolk) shall receive a private note.

HEREDITARY DISEASE.

To the Editor of THE LANCET.

SIR,—I am indebted to you for a notice of my pamphlet on the "Nature and Treatment of Hereditary Disease," in the last number of your journal, in which I aimed at the suggestion of an hypothesis for the explanation of certain long-ago observed phenomena. I did not pretend to claim the merit of discovering the connexion between phthisis and insanity. I merely mentioned this well-known fact, amongst many others, in support of my views.

I think I hardly deserve the criticism of the writer, when he asserts that I have made an improbable assumption in suggesting the existence of a morbific force. We have tetanic symptoms from a vegetable poison (strychnine), tetanic symptoms from an animal poison, and tetanic symptoms sometimes following an injury. Surely in these cases, as well as in epilepsy and acute maniacal excitement, we may assume the existence of a morbific force without going beyond the bounds of probability. A mere deficiency of vital force is insufficient to explain these phenomena. Nevertheless, I thank the writer for the attention he has bestowed on my small pamphlet, which is, perhaps, more than I could have expected.

I am, Sir, your obedient servant,

Harley-street, April 5th, 1869. J. M. WINN.

Mr. J. Wearne.—Medical men should not fill up gratis certificates for Insurance Offices; but in all cases ought, as they are certainly entitled, to demand a fee.

Dr. Reid.—The subject has been specially noticed in another part of the journal.

J. C. H. must attach his name to the statement.

TANNIC ACID IN CORYZA.

To the Editor of THE LANCET.

SIR,—If you consider the following worthy of a place in your excellent journal, would you be so good as to insert it.

We are often asked, "What is good for a cold in the head?" After trying several experiments, I find that local treatment is the best. Treating coryza as we would an inflammation of a mucous membrane, I have found applications to the part most beneficial, and after numerous trials I find that an injection of tannic acid is followed by most beneficial effects. My prescription as an injection is—Tannic acid, twenty-five grains; rectified spirits of wine, two drachms; water to three ounces. Mix. To be applied every four hours. After three applications I have found that the patient, if not perfectly cured, is a great deal better.

I should feel much obliged if any of your subscribers would try it, and let me know through your journal if successful.

I remain, Sir, yours truly,

Liverpool, April, 1869. J. LINDSAY PORTEOUS, Phys., &c.

THE continuation of *Dr. David Smith's* (Glasgow) paper shall appear next week.

A Naval Medical Officer.—The remarks of Mr. Corry were highly gratifying. *We* expect great things from the new D.G.

INTERESTING CASE OF MIDWIFERY.

To the Editor of THE LANCET.

SIR,—If you remember I sent you an account of the fac-simile of a monkey as the result of a labour. The statement was perfectly true, and I was offered the dead child to put in spirit, but could not conveniently attend to it. I have seen two females since who were present at the time, and they have expressed the greatest astonishment. The monkey family were a public scandal. A story is told of a Newfoundland dog meeting one of the children, and he was so terrified that he ran howling down the street. I have also seen in a cottage a woodcut representing the gorilla family, evidently pointing at the same phenomena.

What I am going to give you now is a simple midwifery case, and you may perhaps think it worthy of record.

I was sent for to-day to a case of labour which had commenced with flooding. The child's head was presenting, but still high up. I gave successive doses of secale, but still the head only advanced a very little through the day. I therefore applied the forceps, and found from two jerking sensations that I had released the child from an obstruction. The operation was completed after a little care, and I found the arms folded upon the thorax, and the funis encircling the chest, including the arms, and keeping them *in situ*; the membrane covered the face (a strong and complete caul). I released the cord at the first opportunity, removed the caul, and then the placenta, as flooding increased; and the uterus firmly contracted.

I am, Sir, yours truly,

Poole, Dorset, March 22nd, 1869. FREDK. PRATT, M.R.C.S.

J. H.—We were quite aware of the existence of day nurseries both in London and elsewhere; but the very account to which we are referred by our correspondent seems to show that they have not been conducted in conformity with principles that have been found by large experience to be essential to complete success. The novelty of Lady Petre's *crèche* appears to consist chiefly in the strict observance of these principles. A good account of them is given by M. Marbeau, the founder of the system, in a little book called "Manuel de la Crèche," published by Tardieu, and sold at every *crèche* in Paris.

H. H. should ask a pharmaceutist.

THE report of a case of Ovariotomy at the South Devon Hospital, Plymouth, is in type, and will appear next week.

PRURITUS ANI.

Mr. Frederick W. Strange writes:—"In reply to your correspondent, inquiring the best means of curing obstinate pruritus ani when complicated with minute fissures, I beg to suggest the probability of the pruritus being dependent on, and originating from, the fissures. Should this view be correct, one can readily understand that all treatment, general and topical, to relieve the former affection would be utterly valueless during the existence of the latter. I therefore advise your correspondent (notwithstanding the dread his patient has of the knife) to try the effect of free incisions through the bases of the most marked fissures, at the same time taking care not to leave behind any small millet-like polypi, which might, on account of their minuteness, possibly escape his observation were he unaware beforehand of the extreme frequency of their association with fissures of the anus."

Dr. H. J. Bronson (Doncaster) states:—"Your correspondent 'Medicus,' writes to ask if any practitioner can suggest a cure for pruritus ani complicated with minute fissures. As he has tried so many remedies without effect, I should advise the division of the sphincter ani muscle. The use of the ether spray should rob the knife of its terror. If this treatment is refused, the use of the nitrate of mercury ointment, I think, would be of service."

J. H. N. (Tenterden) has found carbolic acid (strength one to twenty) efficacious in uncomplicated pruritus ani.

TREATMENT OF STAMMERING.

To the Editor of THE LANCET.

SIR,—In reply to the inquiry of a "Country Surgeon" for a remedy for stammering, I believe the best and almost only remedy is to keep the lungs inflated as much as possible, and never to attempt speaking when they are nearly empty, and also to speak slowly and distinctly. This ought to be practised in private, so that it may become habitual. At the same time care must be taken not to imbibe too much alcoholic fluid, which tends to increase nervous irritability. Your obedient servant,

Newcastle, April 5th, 1869. G.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Pollock; Dr. J. Thorowgood; Mr. G. Borlase Childs; Dr. Letheby; Mr. Wilson; Mr. Poole; Dr. Ross; Dr. Nuttall, Dresden; Dr. Evershed; Mr. Jones, Lanark; Mr. Lovell; Mr. Bowness; Mr. Atkinson, Blackburn; Mr. Hope; Dr. Morgan, Newport; Mr. Galton; Mr. Lawrence; Mr. Evans, Liverpool; Mr. Bentham, Stroud; Dr. Wylie, Java; Mr. Wheeler; Dr. Wrangham, Wragby; Dr. Eastwood, Alfreton; Mr. Theobald; Mr. Woolcombe, Devonport; Dr. Gale, Poplar; Mr. Baynes, Truro; Dr. Macarthur; Mr. Bishop; Mr. Hyde; Dr. Lay, Peasenhall; Dr. Loe, Leeds; Mr. Owen; Dr. Wadd; Dr. Campbell, Machynlleth; Mr. Edwards; Mr. Bell, Slough; Mr. Baker; Mr. Collins; Mr. Jervis; Rev. J. H. James, Exeter; Mr. Bond; Mr. Harvey, Foot's Cray; Dr. Vivian; Mr. Clapp, Nantyglo; Dr. Wallace, Colchester; Mr. Noble; Mr. Chambers, Kettering; Mr. Bain, Crewe; Mr. Cheesman; Dr. Reid; Mr. Burford; Mr. Strange; Mr. Morgan, Carnarvon; Mr. Little, Wangford; Mr. C. J. Fox; Dr. Phillips; Mr. J. Mogford; Mr. E. Allen; Longton; Mr. J. Harris; Mr. Fearn, Chesterfield; Mr. Davies, Redcar; Mr. Mortlock; Mr. J. Adams; Dr. Whipp, Manchester; Mr. Carpenter, Stockton; Mr. France; Mr. Sanderson, Fort Beaufort; Mr. Lane, Hawkshead; Mr. Knowles; Mr. Evans, Windsor; Mr. E. A. J'Anson, Newcastle; Rev. H. Monk, Fordington Vicarage; Mr. A. Fleischmann, Cheltenham; Dr. Robertson, Hayward's Heath; Dr. Rose, Kidderminster; Mr. Penny; Mr. Rothergill, Newcastle; Dr. Williams, Bangor; Mr. M'Dowell, Elgin; Dr. Riggs; Mr. Harrison; Dr. Finlayson, Glasgow; M. A. D. de Lavigerie; Mr. Lewis; Dr. Wearne, Helston; Mr. Muscroft, Pontefract; Dr. Crisp, Swallowfield; Mr. O'Norman; Dr. Richards; Mr. Clinton, Whitehaven; Mr. Maltby, Banbury; Mr. M'Clure; Mr. White, Liverpool; Mr. Church; Dr. Brown, Lyndhurst; Mr. Freeman; Mr. Curtis; Mr. Douglas; Mr. Bell; Mr. Warner, Dulverton; Dr. Bowstead, High Wycombe; Dr. Evans, Narberth; Dr. Branson, Doncaster; Dr. Alleyne, Rathkeale; Mr. Jacobs, Manchester; Mr. Hedley; Dr. Alliston, Bridlington; Dr. Buckle; Mr. Morris; Dr. Moxey, Turnham Green; Dr. Gamgee; Dr. Woods; Dr. Phillips; Mr. Browne; Dr. Ogston, Aberdeen; Royal Institution; C. M. W.; J. E.; Harveian Society; Chirurgicus; A. B.; Alexis; Gideon Gray; J. C. H.; A Physician; L.; M.D.; L.R.C.P.; Ethnological Society; M.C.; Detector; The Medical Officers of the Small-pox Hospital; Kemptown; X. X. X.; Medicus, Llanelly; The General Register Office, Dublin; J. H.; M.; &c.

Yorkshire Post, Brighton Examiner, North Wales Chronicle, Japan Times, Cork Daily Herald, Torquay Directory, Evening Citizen, Glasgow Herald, Scarborough Gazette, Newcastle Daily Chronicle, Staffordshire Sentinel, Merthyr Express, Brighton Times, City Press, Cambria Daily Leader, Liverpool Albion, Yorkshire Gazette, Human Nature (No. 25), *Lincolnshire Chronicle, Kidderminster Times, Brighton Observer, Public Opinion, Brighton Gazette*, and *Hastings Chronicle* have been received.